

ANDOVER HUSKIES

14th Annual Summer High School Hockey Development Program

Including Bantams and Pee Wees

"Champions are made in the off-season"

Program Emphasis:

- * Improve overall mental and physical hockey abilities *
- * Increase player strength and agility *
- * Get to know the high school coaches, team systems, and expectations *

***Coaches Include:** Andover Boys HS Staff, Tyler Vold (Andover HS Captain, NAHL, Bemidji State University D1), Christian Mohs (Andover HS Captain, NAHL, Miami OH D1)

Schedules and Fees

High School/Bantam/Pee Wee - June 11-28, July 9-26, Monday thru Thursday, 6 week Program

HS/Bantam On-Ice 10:40am-12:10 or 12:25-1:55 **\$625**

HS/Bantam Off-Ice Andover HS Wt. Rm 10:30am-11:40 or 12:30-1:40

**** HS exact times dependent on group assignment in June. There will be two groups of HS/Bantams.**

Pee Wee 3 days/week - Monday and Thursday - Off-Ice at ACC 2-3, On-Ice 3:20-4:50

Wednesday - Off-Ice at ACC 8-8:40am, On-Ice 9-10:30am **\$490**

All Goalies \$300

Application - Due May 15 - All balances due the first day of the Program

PlayerName _____ Phone _____ Cell _____

Address _____

Email _____

Parent/Guardian Name _____

Last Season Team _____

High School Boys/Bantams \$625 _____ Goalie \$300 _____ Pee Wee \$490 _____

- *HS/Bantam players must register on line through Community Ed for the weight room program.*
- *Cost is \$50. A link will be provided when it is available.*
- *Tournaments are optional and will be an extra cost. Players will be invited based on attendance, work ethic, and ability to compete at the level of the tournament.*

Send registration and checks payable to Bill Thoreson - 14619 Linnet St NW Andover, MN 55304

763-370-7051, thorhockeyhouse@aol.com

Medical Release

If in the event my child is injured during the absence of parent or legal guardian, I give my permission for the person in charge to seek medical attention.

Release of Liability/Acknowledgement of Risk

I/we agree to abide by the conditions of the Andover Husky Summer Hockey Development Program. I/we understand and appreciate that participation and observation of Andover Husky Summer Hockey Development Program is done at my/our own risk and agree to hold harmless Andover Husky Summer Hockey Development Program, all employees, instructors, and volunteers for any claim whatsoever.

Signature of Parent or Legal Guardian and Date

Emergency Contact
