

# ***Burggraf Skating Bemidji***

## ***TX5 Program***

***Skating, Shooting, Passing, Stickhandling and Puck Control***

***College, Junior, HS***

Tuesday June 8,15,22,29 July 6,13,20 August 10,17,24

BCA SPR 8:00AM-9:00AM

\$375.00

***LIMITED TO 12 SKATERS***

### ***Program Emphasis:***

This program is part of our linear line of development series, building a strong skill foundation with an emphasis on skating first. Students must be strong skaters to be part of this program. We will be using proven progressions to introduce new skill sets, improve skill sets and instill player confidence.

The shooting portion of this program will utilize proven shooting progressions to develop quick release shots, with the goal of shooting quickly and deceptively in stride.

The stick handling portion will focus on a variety of moves, fakes, dekes and puck protection. Each student will receive plenty of repetitions to learn and practice techniques in a fast-paced setting at game speed.

We will be utilizing game like passing progressions while stationary and in conjunction with game situations and drills. Drills will include game like situations in all three zones, with an emphasis on offensive zone entries and scoring below the dots.

This program is for the serious player that strives to get better through challenging drills and *hard work* to succeed at the next level!

Contact me with any questions about this and any other programs we offer at 218-209-6553.

\*Burggraf Skating reserves the right to increase or decrease group sizes\*

*"Making Great Strides in Hockey!"sm*

# Summer Advanced TX5 Program

Mail registration form and payment to:

InsideEdge Skating LLC  
3899 Pier St. NE  
Bemidji, MN 56601

- Checks need to be written out to InsideEdge Skating LLC
- Venmo Accepted @Scott-McLean-28 email registration to [scott.burggrafskating@yahoo.com](mailto:scott.burggrafskating@yahoo.com)
- Credit card invoices may also be requested and will be delivered by text

Name: \_\_\_\_\_ Birth Year/Level: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phones: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

Email(s): \_\_\_\_\_

Medical Condition/Injury: \_\_\_\_\_

Cost- \$375.00

## Release of Liability

My participation is solely voluntary. I understand that my participation should not result in personal injury to me. However, I acknowledge that in the event of physical injury to me resulting from my participation, no medical treatment or monetary compensation will be provided by InsideEdge Skating LLC, Burggraf Skating, F.B. Inc., MSC, City of Bemidji, its officers, coaches, instructors and support staff. I must look to my own health insurance policies. I agree to save, hold harmless and indemnify the above named for accidents, injuries or loss, however caused, from drills or techniques associated with or part of this skating program. This skating program is not covered by USA Hockey insurance. I also understand that I cannot use the drills and techniques for monetary gain without the written consent of FB Inc., Burggraf Skating or InsideEdge Skating LLC. I agree to allow FB Inc., Burggraf Skating, InsideEdge Skating LLC to use photos taken during the activities and events to be displayed at their discretion. No video recording is permitted without express written consent from Burggraf Skating, F.B. Inc or InsideEdge Skating LLC. Refunds for medical condition only. No prorating.

Signed (Parent/Guardian name): \_\_\_\_\_ Date: \_\_\_\_\_

For (participant name): \_\_\_\_\_

Office use only: \_\_\_\_\_ Rec: \_\_\_\_\_ Confirmation sent: \_\_\_\_\_

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