



HAWKS ATHLETIC CLUB

2019 CONDITIONING CAMP

The Hawks Athletic Club Conditioning Camp will provide hockey players, from Novice to Pee wee, the opportunity to enhance their conditioning, puck handling and skating skills in preparation for the 2019/2020 hockey season.

Hockey players who have enhanced their conditioning in Hawks Athletic Club Conditioning Camp will be prepared to perform at a higher level during the fall evaluations and team selection processes. As well, these players will be able to recover quicker after the intense physical exertion associated with the game of hockey and will be less prone to injury.

Week One sessions will place an emphasis on developing the player's aerobic (cardiovascular endurance) conditioning which will be accomplished through a variety of high intensity flow drills involving continuous skating and exertion.

Week Two sessions will place an emphasis on developing the player's anaerobic (explosive peak power) conditioning which will be accomplished through a variety of high intensity drills which involve stopping and starting, agility and acceleration.

Attendance at both sessions will provide hockey players with a solid conditioning base to start their hockey season!

Goalie Camp / All Categories - The Hawks are pleased to introduce Brendan Jensen as our Goalie Instructor for our Goalie Camp. Brendan currently plays at the Northern Alberta Institute of Technology in the ACAC (Alberta Colleges Athletic Conference). During his minor hockey career, he won 3 California State championships and was also chosen to represent the United States in an Under-17 five-nation tournament overseas. Brendan played Junior hockey in the NAHL, WHL and USHL, finishing up his Junior hockey with the Fargo Force. In 2011 he attended the Vancouver Canucks rookie camp in Penticton, B.C. Brendan has been working with Above the Crease Goaltending for the past 2 winters and owns his own goalie school in the U.S.

PARTICIPANT INFORMATION:

Name: _____ Date of Birth: _____

Level to be played for the 2019/2020 season (check one): ☐ Novice ☐ Atom ☐ Pee wee

Contact Email: _____ (Please print clearly. Only ONE email address please).

Medical Conditions we should be aware of: _____

SCHEDULE:

Week One - August 19 to 23
Russ Barnes Arena
6725 - 121 Avenue, Edmonton

17:15 to 18:15 Goalie Camp
18:30 to 19:30 Novice Camp
19:45 to 20:45 Atom Camp
21:00 to 22:00 Pee wee Camp

Week Two - August 26 to 30
Londonderry Arena
14520 - 66 Street, Edmonton

16:00 to 17:00 Novice Camp
17:15 to 18:15 Atom Camp
18:30 to 19:30 Pee wee Camp

COST:

Please register me in: (Check ✓ below)

- ☐ \$150.00 - CC Week One - Goalie Camp - All Categories (5 sessions)
☐ \$150.00 - CC Week One - All Categories (Novice, Atom, Pee wee) (5 sessions)
☐ \$150.00 - CC Week Two - All Categories (Novice, Atom, Pee wee) (5 sessions)
☐ \$300.00 - CC Both Weeks - All Categories (Novice, Atom, Pee wee) (10 sessions)

Total: \$ _____

- ▶ These Camps are offered to players who have registered with the Hawks Athletic Club for the 2019/2020 season.
- ▶ All sessions will be limited to 30 participants.
- ▶ There will be no "drop-ins" for any of our sessions.
- ▶ All Weekly Sessions are a "flat fee". This means, for example, that if a registrant can only attend 3 out of 5 days in the week they are registered, the weekly fee of \$150.00 will still apply.
- ▶ There will be no refunds issued except for medical reasons and a doctor's note will be required.

WAIVER:

The sport of hockey and/or skating have inherent physical risks that may result in serious damage or personal injury. I knowingly and freely assume all risks. Medical and personal insurance is the full responsibility of the participants. In consideration of the Hawks Athletic Club, its executive, members and instructors, by accepting the undersigned Participant in a Skating/ Hockey Program, I, the undersigned Parent/Guardian, hereby for myself, my heirs, executors, administrators and assignees, forever release and discharge the Hawks Athletic Club, their executive, members, instructors, administrators, servants, agents, sponsors, employees and/or volunteers from any claims, demands, costs (including solicitor and client costs on a full indemnity basis), all actions, causes of actions, proceedings arising out of or as a consequence of any loss, injury or damage however caused while attending and participating in Hawks Athletic Club programs. I declare that the participant named above is in such physical condition, to the best of my knowledge, that will enable him/her to participate safely in all skating and hockey related programs and that no physician or other qualified individual has advised against participating in this or similar programs and further assume all responsibility with him/her not obtaining such an examination.

Participants registered with the Hawks Athletic Club or other groups within Federation Hockey and Hockey Edmonton are covered by existing insurance. All other insurance precedes ours. All injuries must be reported and forms completed in a timely manner via the same process as a game or practice.

FULL HOCKEY EQUIPMENT MUST BE WORN AT ALL TIMES, INCLUDING A MOUTHGUARD AND A PROPERLY FITTED HELMET. PARTICIPANTS ARE REQUIRED TO SUPPLY THEIR OWN CLEARLY IDENTIFIED WATER BOTTLE.

All players must respect the coaches, other players, the Arena staff and the facility itself. No fighting or swearing is allowed. If any player does not follow these simple rules, they will be asked to leave without a refund.

I hereby accept the above terms and conditions this _____ day of _____, 2019, by my signature below:

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

THERE ARE 3 WAYS TO REGISTER:

1. Complete this Registration Form, sign and date the WAIVER, and send with payment (cheque, money order, credit card information) to:

HAWKS ATHLETIC CLUB
12808 - 134A Avenue NW
Edmonton, AB T5L 3W6
2. Register online at www.hawksathletics.ca (by finding the link to the Hockey Canada Registry online registration site).
3. Scan and email BOTH SIDES of this form to registrar@hawksathletics.ca after completing the payment information below:

Complete and sign the following authorization for payment:

Visa or MasterCard # _____ 3 digit Security Code _____ Expiry Date: _____

I hereby authorize the amount of \$ _____ to be charged to my credit card: _____
(Signature of Cardholder)