

PARKLAND HOCKEY GROUP

Craig Kibblewhite and Jason Fischer
Parkland Hockey Group Directors

We provide hockey instruction / power skating programs to male and female players in Northern Alberta. We take pride in our smaller class sizes, our quality instructors, our excellent blend of power skating component and hockey skill development. We will optimize your child's ability and ensure they are ready for their fall try-outs.

Parkland Hockey Group student to teacher ratio on ice sessions will be 5:1. Groups will NOT consist of more than 22 players at a time.



POWER SKATING

Debbie Klatt has been a Power Skating Instructor for over 30 years. The camp will provide a technical breakdown of each skating skill in a positive and progressive format. The skill is then incorporated into skating related flow drills that are designed to reinforce the skill taught. The objective is to introduce the skater to as many skating options to build their confidence and self-esteem, to be more involved in the game, to create a broader ice vision and give them the ability to compete in a safer and more enjoyable environment.

The camp is designed to improve balance, power, edge control, flexibility, agility, explosive quickness and conditioning.

ORIGINAL SIX SUMMER 4 ON 4

July 12 - August 6, 2021



PHG HOCKEY & GOLF CAMP

July 20 - July 22, 2021



PHG 3 ON 3 TOURNAMENT

August 21 - 22, 2021



For more information on any of these programs visit
www.parklandhockeygroup.com



2021

POWER SKATING & SKILL PROGRAM

www.parklandhockeygroup.com

Tri Leisure Centre
Spruce Grove, AB.
August 23-27, 2021

For additional information
contact us at

Phone: 780-975-0660 or 780-991-3499
Email: parklandhockeygroup@gmail.com

APPLICATION FORM 2021 PARKLAND HOCKEY GROUP

Please print clearly

Name: _____ Age: _____

Address: _____

City: _____ Postal Code: _____

Contact Number: _____

Position: () Skater () Goalie

Birthdate: _____ / _____ / _____
M D Y

Email Address: _____

TOTAL FEES

Please circle if applicable (+ GST)

Session 1 - Parkland Green \$430.00

Session 2 - Parkland Black \$430.00

Prep Camp - August 27th - 29th \$199.00

LUNCH OPTION

A planned nutritional lunch for the week is available.

Cost \$70.00/week yes / no

PAYMENT

Mail or email transfer the required payment to:
parklandhockeygroup@gmail.com

Parkland Hockey Group
25 1118 TWP RD. 534
Parkland County, AB.
T7Y 0B6

PROGRAM AUG. 23 - 27

Session 1 - Parkland White

(Recommended Novice - Atom)

Ice Session 9:00am - 10:00am

Dryland 10:15am - 11:00am

Lunch 11:00am - 11:30am

Ice Session 11:45am - 12:45pm

Session 2 - Parkland Black

(Recommended Peewee - Bantam)

Ice Session 10:15am - 11:15am

Dryland 11:30am - 12:15pm

Lunch 12:15pm - 12:45pm

Ice Session 1:00pm - 2:00pm

Prep Camp

Ice Session 3:00pm - 4:15pm

PROGRAM FEATURES

On Ice: Skating is the most important individual skill in Hockey. Power Skating will be a daily component of the 1st session directed by Debbie Klatt Professional Power Skating Instructor. The 2nd session will consist of stickhandling, passing, shooting and scoring. The individual player is challenged to improve their own skill development during each of the drills.

Off Ice: We strive to develop team concept and eye-hand coordination through activities such as dry land training, flexibility drills and games related to all hockey skills. Many of the activities are such that the player can use for their year-round fitness program.



PARENT CONSENT

I hereby (as parent and/or guardian) agree to have my child participate in the program operated under the name of Parkland Hockey Group at my risk and peril. "P.H.G." will not be held responsible for any accident, injury, loss or damage to any player. Notwithstanding anything to the contrary set forth in this brochure, if I am successful in any suit, action, or proceedings against P.H.G. for any damages, loss, costs or expenses (including punitive damages) the awards (including court costs) shall be limited to the amount of fee paid to me the P.H.G.

Print Parent/Guardian Name:

X _____

Signature of PARENT/GUARDIAN

AB Health Care #: _____

Medical Information: Are there any medical conditions or medication that P.H.G. should be aware of? _____
