



***Scott Atkinson's
Wolf Pack Hockey
2010 Summer Camps***

The main objective for the 2010 summer camp programs is to create an environment that will facilitate both the technical and tactical development of players by offering a variety of on-ice instructional opportunities. We encourage each player to step outside their comfort zone by implementing on-ice drill progressions that are specifically designed to challenge the overall performance of players in a fun and safe environment.

These camps are designed for *Division 1-3 & Quadrant players*

Summer Camps will commence in July and end in August.

On Ice

On ice sessions include:

1. Power skating – Edge control/Balance
2. Skills – Sticking handling, Shooting, Passing, Body checking/Angling
3. Over speed training
4. Conditioning

Wolf Pack Summer Camp Registration Form

Player's Name: _____ **Parent's Names:** _____
Address: _____ **Birth Date:** _____
Phone: _____ **Level & Division Played:** _____
Email: _____

Please Indicate the Desired Camp(s):

Camp	Group	Date	Cost	Arena	Times	Times
1a	95,96,97	Jul 12, 14, 16	\$120	Henry Viney	11:00am - 12:30pm	
1b	98,99,00	Jul 12, 14, 16	\$120	Henry Viney	12:45pm - 2:15pm	
2a	95,96,97	Jul 19, 21, 23	\$120	Edge	3:15pm - 4:45pm	
2b	98,99,00	Jul 19, 21, 23	\$120	Edge	5:15pm - 6:45pm (M,W)	5:00pm - 6:30pm (F)
3a	95,96,97	Jul 26, 28, 30	\$120	Henry Viney	10:15am - 11:45am	
3b	98,99,00	Jul 26, 28, 30	\$120	Henry Viney	12:00pm - 1:30pm	
4a	95,96,97	Aug 3, 4, 6	\$120	Edge	8:00am - 9:30am (W,F)	1:45pm - 3:00pm (T)
4b	98,99,00	Aug 3, 4, 6	\$120	Edge	9:45am - 11:15am (W,F)	3:15pm - 4:30pm (T)
5a	95,96,97	Aug 9 - 13	\$200	Southland (Ed Whalen)	10:00am - 11:30am	
5b	98,99,00	Aug 9, 11, 13	\$120	Southland (Ed Whalen)	11:45am - 1:00pm	
6a	95,96,97	Aug 16 - 19	\$160	Frank McCool	10:00am - 11:30am	
6b	95,96,97	Aug 20 - 22	\$120	Frank McCool	10:00am - 11:30am	
6c	98,99,00	Aug 16 - 20	\$200	Frank McCool	11:45am - 1:15pm	
7a	00,01	Aug 23 - 27	\$200	Edge	9:00am - 10:30am (M,Tu,W,F)	8:00am - 9:30am (Th)
7b	02,03	Aug 23 - 27	\$175	Edge	10:45am - 12:15pm (M,Tu,W,F)	9:45am - 11:15am (Th)
7c	98,99	Aug 23 - 27	\$200	Edge	12:30pm - 2:00pm (M,Tu,W,F)	11:30am - 1:00pm (Th)
7d	00,01	Aug 23 - 27	\$200	Edge	2:15pm - 3:45pm (M,Tu,W,F)	1:15pm - 2:45pm (Th)
7e	98,99	Aug 23 - 27	\$200	Edge	4:00pm - 5:30pm (M,Tu,W,F)	3:00pm - 4:30pm (Th)

Please make your cheque payable to: **“Wolf Pack Hockey”**.

Payment terms: Full payment and a completed Waiver are required to confirm your spot.

Email Wolfpackhockey@shaw.ca or call Chris Hirose at 403-370-3399 to register. Scott Atkinson maybe reached at 403-246-6432 ext. 449 or email satkinson@edgeschool.com for any questions.

Mail form and cheques to:

ATTN: Chris Hirose
531 Douglas Glen Blvd SE
CALGARY, ALBERTA, CANADA.
T2Z-2N1

PLEASE READ CAREFULLY

WARNING. THIS AGREEMENT IS A LEGAL CONTRACT BINDING UPON YOU. BY SIGNING THIS YOU ARE WAIVING CERTAIN LEGAL RIGHTS AND YOU GIVE UP THE RIGHT TO SUE.

In consideration of being allowed to participate in anyway in the activities of Wolf Pack Hockey, and in particular in my registration participation in **On Ice Training or Off Ice training** and whatever other sport/program I may enter into, I acknowledge, appreciate, and agree that:

- 1) I WILL CAREFULLY READ THIS ENTIRE DOCUMENT, INCLUDING THE SMALL PRINT, I WILL ENTER MY CORRECT LEGAL NAME AND I WILL CAREFULLY QUESTION AND CLARIFY EVERY ISSUE; and,
- 2) **UNDERSTANDING AND ACKNOWLEDGEMENT OF RISK:** I understand and acknowledge that the activity I am voluntarily engaging in **On Ice Training or Off Ice Training** is potentially dangerous and bears certain known and unanticipated risks that may result in injury, illness, disease, death, other physical and mental damage to myself, other participants and spectators, or may cause loss of or damage to property. I also understand and acknowledge that my participation in these activities and their associated risks may result in personal claims against me by other third parties; and,
- 3) **PERSONAL RESPONSIBILITY:** No one is forcing me to participate in any specific activity and I freely choose to participate in spite of the risks. If I do not completely understand and/or if I do not have complete confidence in the use of any equipment or the application of any technique/procedure or if I am unclear of the physical fitness requirements expected of me, it is my sole responsibility to question and ask the instructor to explain and demonstrate and clarify any misunderstanding so I can fully understand what is expected of me before I proceed, otherwise it is my sole responsibility to opt out of any exercise. My very participation, witnessed by all, will confirm me taking complete personal responsibility for every decision, action and inaction I take, including the subsequent consequences. During this activity I will think before I act and by making the right decisions I can avoid, moderate or eliminate these risks; and,
- 4) I willingly agree to comply with the stated and customary terms, rules and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 5) **WAIVER, RELEASE, DISCHARGE AND INDEMNIFICATION:** Because of my confirmed understanding, acknowledgement, assumption and acceptance of my sole personal responsibility for all the risks I may be confronting during my participation in **On Ice Training or Off Ice Training** and whatever other sport/program I may enter into, I, intending to be legally bound, do hereby for myself, my heirs, executors, and administrators, necessarily and hereby forever waive, release, discharge and indemnify Wolf Pack Hockey (including any associated or subsidiary corporations or assumed business names, their agents, instructors, assistants, contractors, employees, property owners, equipment suppliers, course organizers and any other associated persons or entities) ("**WOLF PACK**") from ANY AND ALL LIABILITY, CLAIMS, DEMANDS, ACTIONS, OR RIGHTS OF ACTIONS which are related to, arise out of, or are in any way connected to my participation in any activity associated with or related to WOLF PACK. This specifically includes but is not limited to what may be considered to be inferred, or deemed acts of negligence or omissions of WOLF PACK for ANY AND ALL INJURY, ILLNESS, DISEASE, DEATH AND OTHER DAMAGE AND LOSS TO MYSELF OR MY PROPERTY. In signing this document, I fully understand, acknowledge and accept that, if anyone is hurt in any way or killed or property is damaged or lost, I will forever waive, and both knowingly and willingly give up all rights to take action against, claim or file a lawsuit against WOLF PACK, even if WOLF PACK is deemed to have negligently caused bodily harm, death and damage or loss of property; and,
- 6) **ACKNOWLEDGEMENT AND ACCEPTANCE OF THE LEGAL EFFECTS OF THIS AGREEMENT:** I further understand and accept that I have read this waiver and release of liability agreement, have given up certain legal rights and or any possible claims which I might otherwise assert or maintain against WOLF PACK including specifically but not limited to any assumed or real rights arising from claims of deemed acts of omission or negligence in any degree by WOLF PACK. **I FULLY UNDERSTAND ITS TERMS, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT:**

_____	_____	_____
Participant (Signature)	(Date)	Witness (Signature)
_____	_____	_____
(Print Name - in CLEAR, CAPITAL BLOCK LETTERS)		(Print Name)

FOR PARTICIPANTS OF MINORITY AGE (under 18 at time of registration)
This is to certify that I, as a parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of WOLF PACK, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify WOLF PACK from any and all liabilities, claims or actions incident to, or arising out of, my minor child's involvement or participation in these programs as provided above:

_____	_____	_____
Parent / Guardian (Signature)	(Date)	Witness (Signature)
_____	_____	_____
(Print Name - in CLEAR, CAPITAL BLOCK LETTERS)		(Print Name)

Emergency Contact Information: Name: _____ Telephone: _____ Allergies: _____