

Waiver

In consideration of the applicant's participation in Vital Hockey Skills activities, the applicant agrees that Vital Hockey Skills or Jim Vitale, it's proprietors, participants and employees will not be responsible for any accident or loss however caused, and agrees to release them from all claims and damages which may arise from the result of such accident or loss. In signing the application, the Applicant acknowledges that he/she has read and understands the conditions and certifies that he/she is in good health.

Parent Signature

Date:

Be sure to check out the website
for information on our
Pre-Season Camps
August 20th - 23rd

www.vitalhockeyskills.com

OR

Contact us directly at:

jim@vitalhockeyskills.com

Proud Partners:



stopconcussions.com



2012

Summer Excellence Camps



Improvement is Vital!

www.vitalhockeyskills.com

Camp Information

4 AWESOME WEEKS TO CHOOSE FROM!

Week 1

Mon July 9 - Thurs July 12

Week 2

Mon July 16 - Thurs July 19

Week 3

Mon July 23 - Thurs July 26

Week 4

Mon Aug 13 - Thurs Aug 16

Location

Vaughan Sports Village

A truly state-of-the-art recreational facility on 35 acres in the heart of Vaughan. Recently voted as one of the top rinks in the GTA, it features 4 NHL size arenas. Located at 2600 Rutherford Road in Vaughan, Ontario on the north side of Rutherford Road between Jane St and Keele St.



Cost

Individual Registration:

\$440 per week (\$497.20 HST Incl.)

Multiple Sibling or Multiple Week Discount

\$415 per week (\$468.95 HST Incl.)

***Early Bird Registration**

Save \$15 per week until May 11th

Price Includes:

16 Hours On-Ice Development

4 Hours Off-Ice Development

Jersey

Meal Plan optional \$45 per week
(menu available upon request)

Itinerary

8:15	Arrival at rink	1:00-2:00	On-ice: Game Situations
9:00-10:00	On-ice: Power Skating	2:00-3:00	On-ice: Conditioning
10:00-11:00	On-ice: Puck Handling	3:00-4:00	Off-ice: Plyometrics Stretching
11:30-12:30	SUPERVISED LUNCH	4:00	Dismissal/ Pick-up

Registration

Please check off selected week(s) and enter appropriate costs * and meal information below

WEEK(S)		COST	MEAL PLAN		
Week 1: July 9-12			Y	N	\$45
Week 2: July 16-19			Y	N	\$45
Week 3: July 23-26			Y	N	\$45
Week 4: Aug 13-16			Y	N	\$45
SUB TOTALS:		\$			\$

TOTAL PAYMENT ENCLOSED (COST+MEAL PLAN):

Online payment and registration available
www.vitalhockeyskills.com

Spots will be secured upon complete payment by cash or cheque made payable to Vital Hockey Skills:
206 Victoria Street
Bolton, Ontario L7E3H5

Player Name: _____

Date of Birth: _____ Position: F D

Parent Name(s): _____

Email Address: _____

Phone #s: _____

Mailing Address: _____
