

The Hockey Boss Summer Camp will focus on power skating, puck-handling, passing, and shooting. Off of the ice, players will participate in off ice conditioning and training to improve strength, balance, flexibility and much more!

Our goal is to provide each skater with a safe, healthy and fun environment where they can learn what it takes to reach their full potential as a player!



Please contact Linda Keane with any questions at linda@aspen-ice.com. Once registered, we require that medical forms be submitted for each child. The forms can be found on the Aspen Ice website,



Aspen Ice Arena | 973.927.9122
www.aspenicearena.com
16 Aspen Ice Drive, Randolph NJ, 07869



15 hours of on-ice instruction each week!

ENROLLMENT WILL BE LIMITED

All aspects of the game will be covered!

Mite through Bantam

Four weeks throughout July & August

Day Camp: 8:15am to 2:15pm

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Pricing

HB Camp - \$300

Lunch Package - \$35

Dates

Sqt/PeeWee/Bantam	Mite/ Squirt
July 17-21st	July 10-14th
Aug 21-25th	Aug 14-18th

Time

8:15am to 2:15pm

Detailed daily Schedule will be handed out at the beginning of each week.

Coaching Staff

Taylor Koze

Sean Mertens

Walter Keiper

Following the camp, there will be a Sticktime session (2:15pm to 3:45pm). Players may use this time to practice the skills that they have learned in camp or schedule a private lesson with any of our Hockey Boss instructors. Sticktime is \$15 per session or you may purchase a Sticktime pass (\$150 for 12 session).

What to Bring

1. Hockey Gear
2. Water
3. Snack
4. Lunch (if you have not purchased pkg)
5. Change of clothing
6. Sneakers

2017 Hockey Boss Summer Camp Registration

Participant Name: _____ Parent Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Email: _____ Participant DOB: ____/____/____

Level of Skating / Experience: _____

Week Selection (Please Circle):

Sqt/PeeWee/Bantam	Mite/ Squirt	Would you like to include the lunch package?
July 17-21st	July 10-14th	Yes / No
Aug 21-25th	Aug 14-17th	

Form of Payment

Please Circle: Deposit (\$100 per week) or Full Payment Total Amount Paid: \$ _____

Form of Payment (Please Circle): Online Cash Check Credit

Credit Card Payment - Name on Card: _____

#: _____ CVC: _____ Exp Date: _____

PARENTAL CONSENT AND INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate in any way in the Aspen Ice programs, related events and activities of Aspen Ice Inc., I _____, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown of my participation in Aspen Ice, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation in Aspen Ice. If, however, 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,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE Aspen Ice Inc., their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. Arbitration: In further consideration of allowing me to participate in the aforementioned activities, I hereby agree to submit to binding arbitration any and all claims which I believe I may have against the facility arising from my activities at the facility. The arbitration shall be pursuant to the rules of the American Arbitration Association. The arbitrators shall apply the Federal Rules of Evidence to all proceedings.

Arbitration shall be commenced within one (1) year from the date on which any alleged claim first arose. Further, the arbitration shall be held in the town where the Arena is located, unless otherwise mutually agreed to by all the parties. The submission to the American Arbitration Association shall be unlimited and the arbitration award may be enforced by any court of competent jurisdiction.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above,

EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

x _____ Date Signed: _____

PARENTS or GUARDIANS PARTICIPANT'S SIGNATURE