

## CAMP COACHING STAFF

Head Coach, Trevor Stienburg, Assistant Coach/Camp Coordinator Paddy Flynn and Assistant Coach Doug Doull and staff would like to welcome you to the 2008 edition of the March Break Hockey Camp at Saint Mary's University.

## CAMP DETAILS

Emphasis will be placed on proper skill and technical development in power skating and puck control and Fun, Fun, Fun. Saint Mary's March Break Hockey Camp is a fascinating way for players 5 - 8 years old to sharpen their skills.

### Power Skating

This program focuses on the fundamental techniques of the forward and backward stride. The program has specific skills designed to improve a player's skating posture ~ knee bend, edge control and length and power of each stride, stops and starts, cross-overs, glide and sharp turns.

### Puck Skills

The puck skills program is designed to enhance the player's confidence of stickhandling, puck control, passing/receiving and shooting. Participants will be taught proper body positioning while handling and shooting a puck.

### Special Feature:

This March Break, the Camp of Champions will provide goalie instruction (30 minutes per day) over and above the regular instruction that they will receive during the camp. The camp is open to four goalies per group. Instruction will cover basic fundamentals. Great for young players trying the position for the first time or playing in the position since last season.

## CAMP SCHEDULE

### GROUP 1 - Born 2002 - 2001

8:00am Check In  
 8:30 - 9:50am On-Ice  
 10:00 - 10:30am Goalies On Ice (Max. 8)  
 10:00 - 11:00am Recreation Time  
 11:15 - 12:15pm Snack/Movie  
 12:30pm Pick up Time

### GROUP 2 - Born 2000 - 1999

8:30am Check In  
 9:00 - 10:00am Recreation Time  
 10:00 - 10:30am Goalies On Ice (Max. 8)  
 10:30 - 11:50am On-Ice  
 12:15 - 1:00pm Snack/Movie  
 1:15pm Pick up Time.

## REGISTRATION FORM

- Group 1 - \$125.00 8:00am - 12:30pm  
 (Born 2002 - 2001)
- Group 2 - \$125.00 8:30am - 1:15pm  
 (Born 2000 - 1999)

(Max. 30 skaters plus 4 goalies per group)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Email: \_\_\_\_\_

*Are you eligible for a discount?*

If you can check one of the following categories, then you are entitled to 10% off the cost of each camp.

- SMU Staff  
 SMU Faculty  
 Family (two or more children, same family)

Alumni Alumnus' # : \_\_\_\_\_  
 (will be confirmed)

Alumnus' Name: \_\_\_\_\_

*If paying by credit card:*

VISA: \_\_\_\_\_

MASTER CARD: \_\_\_\_\_

American Express: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

expiry date: \_\_\_\_\_



## HUSKIES

### Major Partners

















**SAINT MARY'S**  
 UNIVERSITY SINCE 1802

One University. One World. Yours.

In order to process your registration, you must include:  
 ~ completed registration form ~  
 ~ signed waiver ~  
 ~ payment ~

### For Office Use only:

Date Processed: \_\_\_\_\_

Processed by: \_\_\_\_\_

Payment Method: \_\_\_\_\_

## WAIVER FORM

I acknowledge that participation in athletics and recreation activities involves the risk of personal injury. In consideration of the use of the facilities, premises and equipment of Saint Mary's University ("University") by my child for athletics and/or recreation activities, I accept that risk, on behalf of my child, regardless of the nature of the injury. I agree and understand that the University, its officers, employees, agents and representatives shall not be liable for any personal injury, death, loss of property or damage as a result of my child's participation in athletics and/or recreation activities at the University, whether caused directly or indirectly by the fault or negligence of the University, its officers, employees, agents or representatives or otherwise. I hereby release, indemnify and hold harmless the University, its officers, employees, agents or representatives of and from all claims, causes of action, costs, expenses or demands which myself, my child, my heirs, executors, administrators or assigns may have with respect to any such injury, death, loss or damage.

I CONFIRM I HAVE READ, UNDERSTOOD AND ACCEPT THE ABOVE CONDITIONS.

\_\_\_\_\_  
Name of Child (please print)

\_\_\_\_\_  
Name of Parent/Guardian (please print)

\_\_\_\_\_  
Signature of Parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Witness (please print)

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Phone Number of Witness

### 2008 SUMMER HOCKEY CAMPS

*July - August - Advanced Evening Program*

*July - August - Fast Feet, Core Conditioning Program*

*August - Development/Fun Hockey (5 - 8 Year Olds)*

*August - Development Competitive (Novice to PeeWee, B-AA)*

*August - High Performance (AAA - Novice/Atom)*

*Watch for our new 2008 Camp Brochure in the New Year!*

To receive a summer hockey brochure, please call 420-5429  
or email: [patsy.calbury@smu.ca](mailto:patsy.calbury@smu.ca)  
and one will be mailed to you;  
or go to  
[www.smuhuskies.ca](http://www.smuhuskies.ca)  
for more information.

## APPLICATION POLICIES & PROCEDURES

Payment in full must accompany registration form.

Payments can be made by VISA, Master Card, American Express, Interac, Cheque, Money Order or Cash.

Staff, Faculty, Alumni or Family Discount

If any of these categories apply to you, then you are entitled to a 10% discount per application.

*All discounts must be applied at the time of registration and only one discount category per application will be applicable.*

Refunds - There will be a \$50.00 administration fee applied to all cancellations where an original Doctor's Medical Note is not provided.

Phone in applications, payment method by  
VISA, Master Card or American Express ONLY.

*Please make cheques payable to:*

Saint Mary's University

*Return to:*

March Break Hockey Camp

Department of Athletics & Recreation

Saint Mary's University

Halifax, NS B3H 3C3

*A receipt will be mailed to you,*



One University. One World. Yours.

## 2008 CAMP OF CHAMPIONS

# MARCH BREAK HOCKEY CAMP

March 10 - 13, 2008

<4 Days Only>

Born 2002 to 1999



420-5429/420-5050

For More Information

[Paddy.Flynn@smu.ca](mailto:Paddy.Flynn@smu.ca)

FAX: 420-5844

[www.smuhuskies.ca](http://www.smuhuskies.ca)



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*Coca-Cola. enjoy*