

Instructors

TBA



ICE LINE

2011 Girl's Summer Ice Hockey Camp



► Camp Runs
July 25-July 29
9:00am-3:30pm

Ice Line
700 Lawrence Drive
West Chester, PA 19380
Phone: 610-436-9670
Fax: 610-436-4622
www.iceline.info

Are you interested in beginning to play hockey? Want to advance your skills as a hockey player? This camp will provide the coaching and training to improve your abilities. Be prepared to have fun learning the game and becoming a better athlete.

Power Skating

- * Edge control
- * Forward stops and starts
- * Forward Stride
- * Forward Crossover
- * Backwards Crossover
- * Hockey turns
- * Pivots



Puck Skills

- * Stick handling
- * Puck possession
- * Forward pass
- * Backward pass
- * Saucer pass
- * Wrist shot
- * Backhand shot
- * Slap shot
- * One time shot



Camp Highlights

- Lunch and snacks included
- 2.5 Hours on-ice per day
- Experienced coaching staff
- A fun, no-pressure learning environment

► Daily Camp Schedule

(Subject to change)

Camp Runs

July 25-July 29

9:00am-3:30pm

| | |
|----------------------|-------------------------|
| Arrive at Camp | 9:00am |
| On-ice Power Skating | 9:30am - 10:30am |
| Sport Court Dry Land | 10:45am - 11:45am |
| Lunch | 11:45am - 12:15pm |
| Video/Game/Speaker | 12:30pm - 1:30pm |
| On-ice Puck Skills | 2:00pm - 2:45pm |
| On-ice Scrimmage | 2:45pm - 3:30pm |
| Pick Up | 3:30pm |

Questions?

Contact:

Jon Bernard

Phone: 610-436-9670 X 130

Email: bernard@iceline.info

Or

Nick Russo

Phone: 610-436-9670 x 111

Email: russo@iceline.info



Girls Summer Ice Hockey Camp Registration

Cost:

\$300.00 - if registration is received before July 15, 2011

\$350.00 - if registering after 7/16/11

STUDENT'S NAME: _____

AGE: _____ JERSEY SIZE: _____

PARENT'S NAME: _____

ADDRESS: _____

CITY: _____

STATE/ZIP: _____

PHONE: _____

EMAIL: _____

Please send registration and payment to:
Ice Line

700 Lawrence Drive
West Chester, PA 19380

HOLD HARMLESS AGREEMENT

HAVING FULL KNOWLEDGE OF THE NATURE OF THIS ACTIVITY AND THE HAZARDS INVOLVED, I HEREBY CERTIFY THAT I HAVE PERSONAL MEDICAL INSURANCE COVERAGE FOR ANY "BODILY INJURY" THAT MAY OCCUR AND ASSUME FULL RESPONSIBILITY FOR ALL LOSSES AND INJURIES SUSTAINED WHILE INVOLVED IN THIS ACTIVITY AS IT RELATES TO THIS FACILITY. I ALSO HOLD HARMLESS ICE LINE, IT'S INSURERS, THEIR AGENTS, AND EMPLOYEES, AND ANY OF IT'S ASSOCIATES FROM ANY CLAIM RELATED THERETO.

Parent Signature: _____

Print Name: _____

Relation to Skater: _____ Date: _____