



**HF
2011**

FIRE and ICE

**SUMMER
TRAINING**

Victoria Field House

Tuesday-Wednesday-Thursday

June 14th-July 28th

(no hockey July 5th- 7th)

Program Cost:

Grades 7-12 - \$450

22.5 hours on ice and 12 hours of dryland/weight training.

On-Ice

- June 9:00am-10:15am Tu-Wed-Th
July 2:00pm-3:15pm Tu-Wed-Th

Dryland and Weight Training

- June 10:30am-11:30am Tu-Th
July 12:30pm-1:30pm Tu-Th

FIRE and ICE

Curriculum

- Power Skating Instruction
- Shooting instruction
- Skill development practices
- Game situation drills
- Controlled scrimmages
- Plyometrics –
Agility and balance
- Off ice-Stick Handling and Shooting
- Weight Training specific to hockey

Why FIRE and ICE for my daughter?

- Summer training is a 6 week development program as opposed to a four or five day camp.
- A chance for future high school players to work with member of the high school coaching staff
- Structured on & off ice summer development program
- Players are taught proper techniques for off ice training which can be used for hockey and other sports. Players will become more flexible, stronger and have better balance and agility.
- Players will receive quality repetition over the summer.
- Players will be taught aggressive edge work and puck handling skills. They will be asked to work outside of their “comfort zone.”
- The opportunity to have fun and to become a better hockey player during the off season.

Registration

Make Checks Payable to:

Fire and Ice Summer Training

Mail to: Fire and Ice Hockey
c/o Ryan Rice
8340 Grace Court
Victoria, MN 55386

For more info:

Call Ryan Rice: 952-237-7384

or

email: rrice73@gmail.com

What does the fee cover?

On ice skills training

Dryland training

Weight training

Jersey

2 month membership at Fieldhouse

Summer Training Staff

Ryan Rice - HF/Waconia Girls Head Coach

Pat Furlong - HF/Waconia Girls Asst. Coach

Julie Rochford - HF/Waconia Girls Asst. Coach

****Registration form and fee due on or before May 15th, 2011. No player will be allowed on the ice without fees paid and all forms turned in.**

Player Name: _____

Address: _____

City: _____ Zip: _____

Parent/Guardian _____

Home Phone: _____

Email: _____

DOB: _____ Age: _____ 2011-12 Grade: _____

Insurance Co. _____

Policy # _____

20010-2011 Level of Competition

HS V _____ JV _____

U14 1st yr _____ 2nd yr _____

U12 1st yr _____ 2nd yr _____

Position Played: _____

Please Read Before Signing

I hereby acknowledge that my child is medically fit to participate in the hockey camp. I authorize the director to secure any medical treatment necessary & waive & release the camp from any & all liability for any injuries.

Signed _____

Date _____

Please return this portion with your payment