



Sound Tiger Summer

Conditioning Clinic 2010

*Prepare yourself for the
upcoming hockey season*



One Week Summer Training/Conditioning Clinic

Aug 23– Aug 27, 2010 (Mon. to Fri.)

Mite– 8am to 11am Squirt- 8:30am to Noon

Pee Wee- 11am to 2:30pm Bantam- 12:30pm to 4pm

High School 3:30pm-6:30pm**

Separate classes for each division!!

Sound Tigers Conditioning Clinic is designed for those players seeking to take their game to the next level; players trying out for travel teams, wanting to step up to the next level or existing players seeking to return to game shape. Clinic is grouped by age and skill level.

Strongly recommended for goalies.

Curriculum

- Full Ice Drill
- Stick Handling
- Competitive skill drills
- Power skating
- Off Ice Conditioning

Equipment Requirements:
Full hockey gear plus shorts/
sneakers, socks and tee shirt
for off ice conditioning.

On Ice Staff: Sound Tigers/Rinks Coaching Staff

Off Ice Director:

Jim Ronai, MS,PT, ATC, CSCS, Off Ice Conditioning

Jim is the Trainer for the US Olympics Women's Bobsled team and assistant trainer for the Men's Olympic Hockey Team. Jim is principal at Rehabilitation Associates and owner of Competitive Edge Training.

Questions, please call Ann Marie at 203-929-6500 x-45.

Space is filled on a first come, first serve basis.

Please complete the application on reverse side and send in today.



Sound Tigers Summer Conditioning Clinic-2010

784 River Road, Shelton, CT 06484 203-929-6500 fax-203-929-7624

(Payment in full must accompany enrollment)

Participant Name: _____ Date of Birth: ____/____/____

Address: _____ Home #: _____

Town: _____ State/Zip _____ Work/cell #: _____

E-mail: _____

Current Youth Hockey/ High School Program Name: _____

(Use your child's classification for Next Year 2010-2011 ice season.)

_____ Mite- 8am-11am _____ Squirt- 8:30am to noon

_____ Pee Wee -11am-2:30pm _____ Bantam -12:30pm-4pm

_____ High School- 3:30pm-6:30pm** **Total Due: \$ 289.00**

Code= camps
summer 2010

Credit Card Information: I authorize The Rinks at Shelton to charge the above balance to my account without further notice.

Credit Card # _____ Exp. Date: _____

The Rinks at Shelton ("Rinks") RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT PARTICIPANT PLEASE READ BEFORE SIGNING (Larger Type Copy available at Front Office).

In consideration of being allowed to participate in any way in any and all activities, leagues, clinics, events, skating programs at Rinks ("Program"), Participant, acknowledges and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis, disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. PARTICIPANT KNOWINGLY AND FREELY ASSUMES ALL SUCH RISKS, being both known and unknown of my participation in the Program EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. PARTICIPANT willingly agrees to comply with the stated and customary terms and conditions for participation in the Program, if however, PARTICIPANT observe any unusual significant hazard during my presence or participation, PARTICIPANT will remove myself from participation and bring such to the attention of the nearest official immediately, and,
4. PARTICIPANT, for myself and on the behalf of my heirs, assigns, personal representatives, next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS RINKS, 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 Program, PARTICIPANT hereby agrees to submit to binding arbitration any and all claims which PARTICIPANT believes PARTICIPANT may have against Rinks arising from my activities at the Rinks. The arbitration shall be pursuant to the rules of the American Arbitration Association. The arbitration 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. Furthermore, the arbitration shall be held in Shelton, Connecticut unless otherwise mutually agreed to by all parties. The submission to American Arbitration Association shall be unlimited and the arbitration award may be enforced by any court of competent jurisdiction.

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

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: _____

Parent/Guardian Signature