



Lightning Training

High School & 15U

June 9th – August 6^h

On-ice Individual Skill Development

Edgework & Power Skating

Position Specific Skill Work

Off Ice Strength & Speed w/

Integrative Athletics



\$275.00
Payable to:
Lightning Booster Club (LBC)
***Lightning Summer Tourney**
July 17 –19

Off-Ice Training Schedule

June
16 Tues 5:30-6:05 - Strength & Plyo
23 Tues 5:30-6:05 - Strength & Plyo

July
7 Tues 11:30-12:05 - Strength & Plyo
9 Thurs 11:30-12:05 - Mobility & Speed
14 Tues 11:30-12:05 - Strength & Plyo
16 Thurs 11:30-12:05 - Mobility & Speed
21 Tues 11:30-12:05 - Strength & Plyo
23 Thurs 11:30-12:05 - Mobility & Speed
28 Tues 11:30-12:05 - Strength & Plyo
30 Thurs 11:30-12:05 - Mobility & Speed

August
4 Tues 11:30-12:05 - Strength & Plyo
6 Thurs 11:30-12:05 - Mobility & Speed

Ice Schedule

JUNE – Hodgins-Berardo Arena

- 9 Tuesday — 6:30-7:45pm
- 12 Friday — 1:00-2:15
- 16 Tuesday — 6:30-7:45pm
- 18 Thursday — 2:30-3:45pm
- 23 Tuesday — 6:30-7:45pm
- 25 Thursday — 6:30-7:45pm

JULY – Yanmar Arena

- Tuesday July 7 - Friday July 10
- *See **Fryklund Hockey Camp** registration



Register: fryklundhockey.com
Questions: fryklundhockey@gmail.com

- 13 Monday — 12:20pm-1:30pm
- 14 Tuesday — 12:20pm-1:30pm
- 16 Thursday — 12:20pm-1:30pm
- 20 Monday — 12:20pm-1:30pm
- 21 Tuesday — 12:20pm-1:30pm
- 23 Thursday — 12:20pm-1:30pm
- 27 Monday — 12:20pm-1:30pm
- 28 Tuesday — 12:20pm-1:30pm
- 30 Thursday — 12:20pm-1:30pm

AUGUST – Yanmar Arena

- 3 Monday — 12:20pm-1:30pm
- 4 Tuesday — 12:20pm-1:30pm
- 6 Thursday — 12:20pm-1:30pm

Questions?
Brad Hyduke
218-213-6338
bhyduke@isd318.org

Bradley Hyduke
@Bradley-Hyduke

venmo

VENMO QR Code
or
mail Check (to LBC)
& Camp Waiver to:
35634 Johnson Lane
Cohasset, MN 55721



Player Name: _____

Shirt Size (uni-sex adult): _____

Address: _____

Parent Phone # _____

Athlete Phone # _____

Emergency Contact # _____

Medical Insurance Co: _____

Policy # _____

Physician Name: _____

***RELEASE OF LIABILITY:** I understand that participation and/ or observation of the sport of hockey constitutes a risk of serious injury, including permanent paralysis or death. I have read this waiver and knowingly recognize, accept, and assume the mentioned risk. I release all personnel of any liability for claims, accidents, injury or loss resulting from participation in the Lightning Booster Club sponsored hockey training.

Parent Signature: _____

Date: _____