



GRAND RAPIDS SUMMER HOCKEY CAMP

JULY 13th - 30th

SKILLS

Players will develop hockey skills and advance their technique with skating, shooting, and angling drills and game situational training.

COACHES

Grant Clifton, GR High School Hockey Staff, former and current professional and college players.

REGISTRATION

Send check payable to Quickskills with completed waiver to:

Grant Clifton
2627 Colorado Rd
Grand Rapids, MN 55744

HIGH SCHOOL: \$400 (Ice & Dryland)

Monday - Thursday

9:40a - 10:50a (Ice)

11:00a - 12:10p (Dryland)

9:40a - 10:50a (Dryland)

11:00a - 12:10p (Ice)

* All players should show up for the early time slots, groups will be made.

BANTAMS: \$375 (Ice & Dryland)

Monday - Thursday

1:40p - 2:40p (Ice)

2:50p - 3:50p (Dryland)

1:40p - 2:40p (Dryland)

2:50p - 3:50p (Ice)

* All players should show up for the early time slots, groups will be made.

PEEWEEES: \$325 (Ice & Dryland)

Mon, Wed, and Thurs.

7:00a - 8:10a (Ice)

8:20a - 9:30a (Dryland)

7:00a - 8:10a (Dryland)

8:20a - 9:30a (Ice)

* All players should show up for the early time slots, groups will be made.

SQUIRTS: \$250 (Ice only) Mon, Tues, and Thurs

4:00p - 5:00p

LEVEL: _____

Date of Birth: _____

Name: _____

Address: _____

Email: _____

Home Phone / Cell Phone: _____

Parent / Guardian: _____

PARENT RELEASE & INDEMNITY AGREEMENT

To QUICKSKILLS: I/We hereby release QUICKSKILLS, its employees, and instructors from all claims on account of injuries which may be sustained by my/our child while participating in activities at the Grand Rapids Hockey Camp. I/We agree to indemnify Quickskills, its employees and instructors for each claim for which hereafter be presented by my/our child as a result of injury. I/We also certify that my/our child is medically fit to participate in the Grand Rapids Hockey Camp.

Parent Signature: _____ Date: _____

