

GHOSTSTICK

HIGH END LIGHT WEIGHT HOCKEY STICKS

2025
SUMMER
PROGRAM
SKILLS SESSION
3 ON 3

WELCOME TO
ALL
LEVELS & AGES

MITE
SQUIRT
PEEWEE
BANTAM
MIDGET

OVERVIEW

One night a week for 8 weeks, players will participate in a skills session focusing on skating, passing, shooting, and puck handling.

Immediately following the skills session, players will be split up into teams of like ability for a 3 on 3 session.

PROGRAM LEAD BY

JUSTIN MACIUK

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CHICAGO BLUES HOCKEY DIRECTOR
FORMER USHL AND NCAA PLAYER
SEVERAL YEARS COACHING
AT THE AA, AAA, & JUNIOR A LEVEL

LOCATION

THE EDGE ICE ARENA
735 E. JEFFERSON ST
BENSENVILLE IL
630 766 8888

JUNE | JULY

TUESDAYS

SCHEDULE TO FOLLOW

FEE \$295.00

HOLD HARMLESS RELEASE FORM WAIVER

I recognize and acknowledge that there are certain risks of physical injury to participants in the said programs and I agree to assume the full and entire risk of any injuries, damages or loss, regardless of severity, which I or my minor child/ward may sustain as a result of participating in any and all activities connected or associated with such programs. I agree to waive and relinquish all claims I or my minor child/ward may have, as a result of participating in said programs, against The Edge Ice Arena, JUSTIN MACIUK, and any of the officers, agents, members, servants, and/or employees of the mentioned entities.

I do hereby fully release and discharge The Edge Ice Arena, JUSTIN MACIUK, and any of the officers, agents, members, servants, and/or employees of the mentioned entities from any and all claims from injuries, damage or claims resulting from loss which I or my child/ward may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of said programs. I further agree to indemnify and hold harmless and defend The Edge Ice Arena, officers mentioned above, and any of the officers, agents, members, servants, and/or employees of the mentioned entities from any and all civil injuries, damage or losses sustained by me or my child/ward arising out of, connected with, or in any way associated with the activities of said programs.

In the event of an emergency, I authorize officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

PLAYER NAME: _____

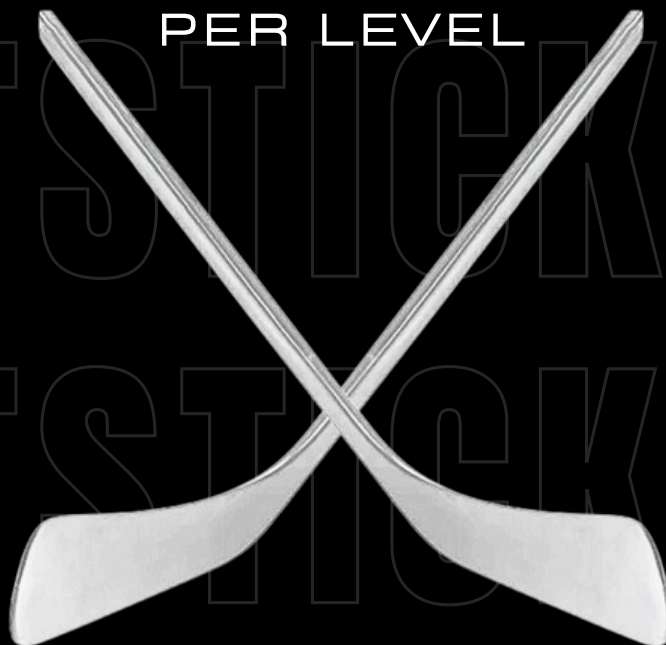
PARENT SIGNATURE: _____

DATE SIGNED: _____

3 ON 3 M V P GHOSTSTICK GIVEAWAY

HIGH END LIGHT WEIGHT HOCKEY STICKS

ONE WINNER
PER LEVEL



MVP WILL WIN A
FREE CUSTOM
GHOST STICK

PLAYER REGISTRATION

NAME: _____

BIRTHDATE: _____

2024/2025 TEAM: _____

ADDRESS: _____

CITY | ZIP: _____

PARENT CONTACT: _____

EMAIL: _____

PHONE: _____

PAYMENT INFORMATION

ZELLE : 847-219-7337

VENMO : @Justin-maciuk

CHECK : JUSTIN MACIUK

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