



# Pucks & Power 2019

**Location:** Crosslink County Sportsplex

**Dates:** (Jan 18<sup>th</sup>, Jan 25<sup>th</sup>, Feb 1<sup>st</sup>, Feb 8<sup>th</sup>, Feb 15<sup>th</sup>, Feb 22<sup>nd</sup>) **4:45-5:45 PM**

**Age Group:** Novice (2010-2011) Born Players

Power Plus Hockey Skating proudly presents the Pucks & Power 2018 program. Pucks & Power is a weekly program that offers a dynamic skill development opportunity for young athletes including:

- ❖ Unique Combination of Power Skating & Hockey Skill Instruction
- ❖ Development of Essential Skills Including Passing, Puck Control, Shooting, & Stickhandling
- ❖ Additional Focus on Perfecting Player's Skating Technique
- ❖ Weekly Sessions Designed to Provide Continuity In Skill Development

**Cost is \$250.00** & Payment can be made in the form of cheque, cash, or e-transfer. Please contact [Tanya@powerplushockeyskating.com](mailto:Tanya@powerplushockeyskating.com) or call (780) 933-6814 to register or for any additional inquiries.

## CONTACT

Player's Name \_\_\_\_\_

M

F

Birth Date (d/m/y) \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

Email \_\_\_\_\_

Parents' Names \_\_\_\_\_

\_\_\_\_\_

## PARENT/PLAYER CONSENT WAIVER

I hereby consent on behalf of myself/my child to participate in the Power Plus Hockey Skating Inc. Spring/Summer 2018 Skating Camp at my/his/her risk. I further consent to Power Plus Hockey Skating Inc. using any photos taken of me/my son/my daughter at camp for marketing and promotional pictures without charge.

I understand and agree that Power Plus Hockey Skating Inc., any employees/representatives of Power Plus Hockey Skating Inc., or hired by it will not be held responsible for accident, injury, loss, or damage, however caused.

I hereby release the said parties from any and all claims, damages, actions, losses, and expenses which may arise as a result of the accident, injury, loss, or damage to myself/my child, notwithstanding that the said injury, loss, or damage may have been caused by or contributed by the negligence of Power Plus Hockey Skating Inc., any employees, representatives, and/or any persons hired by it.

I have read and understood this waiver.

\_\_\_\_\_  
Parent Guardian or Participant Signature

\_\_\_\_\_  
Date (d/m/y)

## POWER PLUS HOCKEY SKATING INC.

Contact: Tanya Chomyc | Phone: 780.933.6814 | Fax: 780.766.3018 | [tanya@powerplushockeyskating.com](mailto:tanya@powerplushockeyskating.com)  
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