

# RICCI HOCKEY 2010 SKATE INTO SHAPE

**AUGUST 9 - 21, 2010**

**HIGH INTENSITY ON-ICE CONDITIONING CAMP**

**FAMILY SPORTS CENTER**

**6901 S. PEORIA ST. CENTENNIAL, CO**

**HEAD INSTRUCTOR: ANGELO RICCI  
AND STICK WITH THE EDGE STAFF**



SESSION 1	M,W,F	5:00PM - 6:15PM	MITE (U8 C/D) & SQUIRT	
SESSION 2	M,W,F	6:30PM - 7:45PM	PEEWEE	
SESSION 3	M,W,F	8:00PM - 9:15PM	BANTAM/MIDGET	
SESSION 4	T,TH	5:00PM - 6:15PM	SAT 12:00PM - 1:15PM	SQUIRTS
SESSION 5	T,TH	6:30PM - 7:45PM	SAT 1:30PM - 2:45PM	PEEWEE/BANTAM
SESSION 6	T,TH	7:40PM - 8:55PM	SAT 3:00PM - 4:15PM	BANTAM
SESSION 7	T,TH	8:00PM - 9:15PM	SAT 4:30PM - 5:45PM	MIDGET

Players Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ 2009/2010 Team and Level: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**\*\*Confirmations will be sent by email only\*\***

**Full payment or \$150 non-refundable deposit due at registration. Balance due 30 days prior to clinic date.  
36 Skaters and 4 goalies max per session**

Choose **Session 1** \_\_\_\_\_ **Session 2** \_\_\_\_\_ **Session 3** \_\_\_\_\_ **Session 4** \_\_\_\_\_  
**Session 5** \_\_\_\_\_ **Session 6** \_\_\_\_\_ **Session 7** \_\_\_\_\_

Choose method of payment: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Check \_\_\_\_\_ Amount \_\_\_\_\_  
Cash \_\_\_\_\_ Check # \_\_\_\_\_ CC # \_\_\_\_\_ EX \_\_\_\_\_  
Cardholder's name \_\_\_\_\_

**Please make all checks payable to:** Ricci Hockey  
**Mail Registration to:** 2261 Savage Rd. Elizabeth, CO 80107  
**Fax Registration to:** (303) 766-1902  
**Register online at:** www.riccihockey.com

**Indemnification and Waiver of Liability:** By registering for the above identified program, registrants acknowledge that the activities carried on in the program carry certain risks for the participants. Registrant has independently reviewed and evaluated the risks and determined to engage in the program with full knowledge and acceptance of the risk. The registrant also understands that Stick with the Edge, Angelo Ricci, staff, South Suburban Ice Arena and Family Sports Center do not assume liability for injuries occurring while participants are engaged in activities or when using its facilities. In those programs that require physical activities, while not required unless so stated, the registrant is encouraged to seek approval of their physician prior to commencing the program.

Signature of Parent/Guardian \_\_\_\_\_  
Date \_\_\_\_\_

**FOR QUESTIONS OR MORE INFORMATION PLEASE CONTACT:**  
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**AIMEE HUNT** INFO@RICCIHOCKEY.COM 303-243-1279

**WWW.RICCIHOCKEY.COM**