

Hockey Camp Hours:

Monday – Friday

8:30 am – 11:30 am

Through 4/16:

Resident-\$169 Non Resident-\$179

After 4/16:

Resident-\$179 Non Resident-\$189

Buena Vista Afternoon Camp Option:

Available for hockey camp participants who wish to continue their camp experience for the full day.

Monday – Friday

11:30 am – 4:30 pm

Through 4/16:

Resident-\$109 Non Resident-\$119

After 4/16:

Resident-\$119 Non Resident-\$129

(This fee reflects the \$10 discount from regular Afternoon Camp registration fee for Hockey School discount. Discounted afternoon camp registration cannot be registered for online.)

Extended Day Option:

Available for parents who cannot pick their children up by 4:30 pm. (supervision only, no organized activities)

Monday – Friday

4:30 – 5:30 pm

Through 4/16:

Resident-\$22 Non Resident-\$25

After 4/16:

Resident-\$25 Non Resident-\$28

SESSIONS:

July 26 – July 30

August 2 – August 6

August 9 – August 13

August 16 – August 20

West Hartford Summer Hockey Camp

Mites-Bantams

Ages 6-15

The West Hartford Summer Hockey School is dedicated to developing fundamental hockey skills through well organized and enjoyable hockey activities. Drills are focused on properly preparing each player for success by working on correct techniques and building confidence.

Players are grouped by age and ability into separate squads. There will be individualized instruction for goaltenders.

Full equipment with USA Hockey approved helmet and full face mask is mandatory.

Four one-week camps will run Monday-Friday from 8:30 am – 11:30 am. An afternoon option until 4:30 pm and an extended day option until 5:30 pm is available at an additional cost.

The Buena Vista Afternoon Camp will consist of various outdoor and indoor recreational sporting activities and games. Hockey camp participants receive a \$10 discount on their afternoon camp registration. The extended day option runs from 4:30-5:30 pm and is supervision only, no activities. No discount for the extended day option.

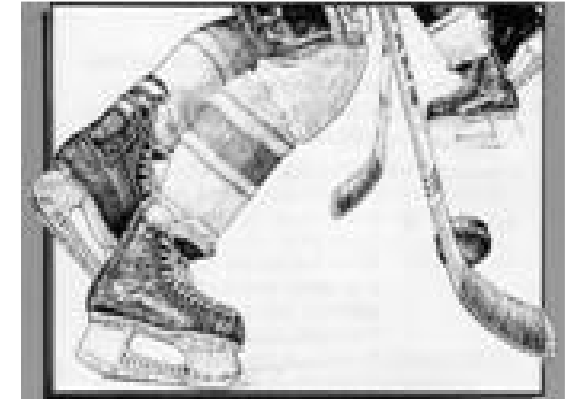
Please check these options on the registration form if needed.

SAVE MONEY! REGISTER EARLY!

To help save you money,
we're holding our 2009 prices!
Register through April 16 at last year's fees!



WEST HARTFORD HOCKEY CAMP



SUMMER 2010

Mites-Bantams Ages 6-15

Town of West Hartford
Department of Leisure Services
Veterans Memorial Skating Rink
56 Buena Vista Road
West Hartford, CT 06107

Phone: 860-521-1573

www.skatevmsr.com

West Hartford Leisure Services
HEALTH AND INFORMATION FORM
 YOU MUST COMPLETE AND SIGN THIS FORM TO ENROLL
 YOUR CHILD IN THE WEST HARTFORD SUMMER HOCKEY CAMP

Child's Name _____

Week(s) Registered _____

Does your child have any known allergies, currently take any medications or have any known illness or physical limitations, etc. If so, please list and describe (use separate sheet of paper if additional space is needed).

List Medications: _____

Has child been prescribed an epi-pen? Yes _____ No _____

Family Doctor's Name _____

Doctor's Phone Number _____

Emergency Contact (other than parent) _____

Emergency Contact Phone Number _____

Please read each statement below and if you understand and agree to each statement put your initials in the space next to the paragraph to signify your understanding and agreement.

_____ In the event my child needs emergency hospital or medical care while participating in this West Hartford Leisure Services program and there is no time for me to be contacted and/or I cannot be reached, my hospital preference is

Hospital Name _____

_____ However, if circumstances are such that it is deemed necessary to admit elsewhere, permission is granted.

_____ In the event my child needs emergency medical care while in this West Hartford Leisure Services program, I hereby give permission for the hospital to give such emergency treatment as is considered necessary by medical judgment, including administration of anesthesia.

_____ In the event my child needs to be transported by an ambulance, I give my permission for such transportation and I agree to assume all expenses incurred by said transportation.

_____ I agree to assume all medical expenses incurred by my child while participating in this West Hartford Leisure Services program.

_____ I realize that as with any physical activity there is a possible risk of accidental injury to my child while participating in the West Hartford Leisure Services program. I agree to assume the risk of any injury which my child might suffer while involved in the West Hartford Leisure Services program and will not hold the Town of West Hartford or its instructors liable for any injuries which my child may suffer while participating in the West Hartford Leisure Services program.

Signature of Parent or Guardian

_____ Date _____

HOUSEHOLD INFORMATION PLEASE PRINT

PRIMARY GUARDIAN										SECONDARY GUARDIAN																			
Name:										Name:																			
Street:										Street:																			
Town:					State:					Zip:					Town:					State:					Zip:				
Home Phone:					Work Phone:					Home Phone:					Work Phone:														
Email Address:										Email Address:																			

REGISTRATION INFORMATION PLEASE PRINT

Participant's Name:	AGE:	DOB:	Entering Grade:
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		Hockey Camp 8:30 am – 11:30 am Program Code: 421410				BV Afternoon Camp * 12:00 pm – 4:30 pm Program Code: 421314				Extended Day Option 4:30 pm – 5:30 pm Program Code: 421311					
		Through 4/16		After 4/16		Through 4/16		After 4/16		Through 4/16		After 4/16			
Sessions	√	Res	Non Res	Res	Non Res	√	Res	Non Res	Res	Non Res	√	Res	Non Res	Res	Non Res
A	7/26-7/30	\$169	\$179	\$179	\$189		\$109	\$119	\$119	\$129		\$22	\$25	\$25	\$28
B	8/2-8/6	\$169	\$179	\$179	\$189		\$109	\$119	\$119	\$129		\$22	\$25	\$25	\$28
C	8/9-8/13	\$169	\$179	\$179	\$189		\$109	\$119	\$119	\$129		\$22	\$25	\$25	\$28
D	8/16-8/20	\$169	\$179	\$179	\$189		\$109	\$119	\$119	\$129		\$22	\$25	\$25	\$28

* These fees reflect the \$10 discount from regular Afternoon Camp registration fee for Hockey School discount. Discounted afternoon camp registration cannot be registered for online.)

Payment Type:

Check # _____ (payable to the "Town of West Hartford")

Cash (in person only)

MasterCard VISA Card # _____ Exp: _____

Total Amount Paid: \$ _____

Signature of Cardholder: _____

REFUND POLICY: NO refunds can be given after the session begins. If you cancel prior to the start of a session for non-medical reasons and request a refund, a 10% processing fee will be deducted (minimum processing fee \$5).

In lieu of a physician's certificate, I take full responsibility for any ill-effect suffered by my child through participation in the Hockey Camp and Buena Vista Afternoon Camp. **I have completed and signed the Health and Information Form.**

Date

Signature of Parent or Guardian