



*“ Working first hand with top NHL players, coaches and trainers, AAD is empowering kids with the all the proper skills to be champions both on and off the ice. Too many times we’ve seen great young players make poor life decisions only to see their careers come to an end. This program is something every young player needs to be a part of. ”*

**- Brad Layzell**

Volunteer Head Instructor

Former NCAA, NHL, and Olympic Player and USA Hockey Advanced Coaching Certification Instructor.

## Who

This camp is for Players born in; '98, '99, '00, '01 and '02

## When

Dates: July 8<sup>th</sup>, 9<sup>th</sup> and 10<sup>th</sup> (Fri-Sun)

Time: 9:30AM-3:30 PM each day

## Cost

Camp Fees: \$395 (Before May 15<sup>th</sup> )

Camp Fees: \$425 (After May 15<sup>th</sup>)

All proceeds go to the AAD organization. (Non-profit)

## Cancelation Policy

Once registered, if you have to cancel (for any reason)

- Receive a full credit towards any AAD clinic valid through 2012.
- The credit is transferable to any family member or friend.
- No Refunds

## Where

Seven Bridges Ice Arena

6690 S. Route 53, Woodridge, IL

[www.sevenbridgesicearena.com](http://www.sevenbridgesicearena.com)

## What to Bring:

- Running Shoes
- T-shirt and Shorts
- Healthy Lunch
- Hockey Equipment
- Street Hockey Stick

## Waiver of participation by parent

I, parent and/or legal guardian of:

\_\_\_\_\_

hereby agree to release, discharge, and hold harmless Athletes Against Drugs (AAD), its director, employees, agents, contractors and/or volunteers from any and all liability or damage that may occur during either my participation or the participation of my minor child in the above listed activities. I understand that participation in any recreational or sport activity involves risk, and grant permission for AAD to utilize any medical emergency services it deems necessary to treat any injuries that my minor child may incur.

## Behavior

I further understand that my child is expected to act and respect manner according to the camp rules and guidelines. I understand that if my child should be expelled from the camp, that it is my responsibility to come and get my child from the camp.

Parent or Guardian

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Camp Registration Form

Name (Print) \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone (Day) \_\_\_\_ / \_\_\_\_ - \_\_\_\_ (Evening) \_\_\_\_ / \_\_\_\_ - \_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Insurance Information: \_\_\_\_\_

T-Shirt Size: \_\_\_ S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ XXL

**Age: 8-12 years old**

### Method of Payment

Please check one:

\_\_\_\_\_ Check enclosed (**made payable to: "AAD"**)

\_\_\_\_\_ Master Card \_\_\_\_\_ Visa \_\_\_\_\_ American Express

Account # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Signature (Parent's) \_\_\_\_\_

## PRO HOCKEY SKILLS CAMP



### AAD Registration Camp

455 North Cityfront Plaza Drive, Suite 1420

Chicago, IL 60611

(312) 321-3400, (312) 222-9842 fax

email: [info@athletesagainstdrugs.com](mailto:info@athletesagainstdrugs.com)