

SUMMER HOCKEY CAMP



at Superior Ice Rink, Kings Park
2 BIG WEEKS!

\$600 (per week)
Rec League & Travel League



WEEK 1
JULY 21 - JULY 25

WEEK 2
JULY 28 - AUG 1

9:30 am - 3:45 pm (3 Hours of Ice) ■ 8 years old to 17 years old

PROGRAM

- 1hr power skating with NHL skating coach Barbara Williams
- 2hrs stick handling - shooting - passing with assistant director David Pensa and E.C.H.L. and U.S.H.L. Players
 - Controlled scrimmaging
 - 1 hr in gym (13yrs-17yrs)
 - Games outside for (8yrs-12yrs)
- Life lessons: positive thinking - self esteem
bullying - marks in school
- Suffolk County Police & State Troopers lecturing on
drugs & alcohol - cell phone & internet abuse

Name _____ Cell _____ Age _____

Address _____ Town _____ Zip _____

Check Week: Week 1 - July 21 - 25 ☐ Week 2 - July 28 - Aug 1 ☐ Jersey Size - _____ Goalie - _____

Check One: Rec League ☐ Travel League ☐

"\$100 check" enclosed to hold spot. Please make check out to: Barbara Williams

Barbara Williams - 26 Primrose Lane, Kings Park, NY 11754 • Cell: 631-432-3096

www.bwilliamspowerskating.com

(FILL OUT THE BACK OF THIS FLYER)

Positive Power

Superior Ice Rink

270 Indian Head Rd.
Kings Park, NY 11754

Balance of camp, will be paid the first day of camp,
and a letter will be sent to your email regarding info on camp.

Person to contact in case of emergency!

(PLEASE WRITE BIG)

Name: _____

Cell: _____

Your email: _____

AGREEMENT:

A medical certificate is required if the applicant suffers from any allergies or if he/she requires medical attention of any kind. I agree I shall provide health insurance to cover personal injury and property damage sustained while participating in the activities of or while on the premises of Superior Ice Rink, Positive Power Camp, Barbara Williams & David Pensa. I acknowledge that ice hockey is a high risk activity and I give approval for my child to participate in all of the activities of the Positive Power Camp, Barbara Williams, David Pensa, coaches and Superior Ice Rink, INC. and any of it employees in the event of an accident or loss however caused. I certify by signature that the registrant is in good health, and acknowledge that I have read and understand all the conditions contained in the application and agree to abide by them.

SIGNATURE OF PARENTS/GUARDIAN: _____ DATE: _____