Detroit Country Day
Summer Hockey School

The Detroit Country Day Summer Hockey School is approaching and space is limited. Sign up now to have your child experience this FUN and POSITIVE program offered by Frank Novock, DCDS Men's Ice Hockey Head Coach.

This camp will provide instructional benefit for the player just beginning up to the experienced travel player. The “Beginners” camp will consist of the most basic fundamentals of hockey. Other sessions available will be grouped by age / skill level and cover various skills including: power skating techniques, shooting, stick-handling, passing, along with promoting an enthusiasm for the game of hockey.

Who: Boys and Girls from 4 to 12 years old

Dates: June 10 – June 13, 2013

Where: Hazel Park Ice Arena

Instructor: Frank Novock, DCDS Men’s Ice Hockey Head Coach

Cost: Beginners: $150
      7 – 12 year old: $175

Questions: For more information please contact Coach Novock at fnovock@dcds.edu.

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<tbody>
<tr>
<td>BEGINNERS</td>
<td>8:00 – 9:00am</td>
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<tr>
<td>7 – 9 YR OLDS</td>
<td>9:00 – 10:30am</td>
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<tr>
<td>10 – 12 YR OLDS</td>
<td>10:30am – 12:00pm</td>
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DETROIT COUNTRY DAY
SUMMER HOCKEY SCHOOL
REGISTRATION FORM

NAME: __________________________________________

AGE: _________

SESSION: __________

EMERGENCY CONTACT: __________________________

EMERGENCY PHONE: _____________________________

PARENT EMAIL: __________________________________

PAYMENT
Make checks payable to Frank Novock. Please send payment to 21954 Harding Street, Rockwood, MI 48173.

*Please note that the session you have selected for registration will not be confirmed until payment is received. Also, child will not be allowed to participate unless waiver is returned.
PARTICIPANT AUTHORIZATION:

I represent that my child is in good health and can participate in the Detroit Country Day Hockey Summer School. I hereby assume all personal and financial responsibility for my child. I agree to release and hold harmless Detroit Country Day School, Frank Novock, and all staff involved from liability for injuries sustained in the camp. I hereby authorize the camp staff and personnel associated with the Detroit Country Day School Hockey Program to secure medical treatment that might reasonably be required for injuries sustained by my child in the camp. I acknowledge that the information contained on this form is true and understand and agree that the falsification of any information on this form will result in the dismissal of your child from the camp.

(NAME OF PARTICIPANT / CHILD)

Parent/Guardian (PRINT NAME)                                          Date

Parent/Guardian (SIGNATURE)                                          Date