

MANDATORY EQUIPMENT for players participating in the clinic: Helmet with face mask (full cage) and strap, mouthpiece, hockey skates, stick, gloves, pads (elbow and shoulder), shin guards, hockey pants, and appropriate athletic protection. With advance notice, rental equipment is available through the Cincinnati Amateur Hockey Association. Each player is responsible for providing their own practice jersey.

Questions?

Please call or email Amy Francis from Cincinnati Lady Cyclones Girls Hockey (513) 967-6880 or ajfrancis4@yahoo.com.

Check us out at www.cincinnatihockey.org.

Each player is responsible for their own transportation, meals and lodging.

COST: \$140

MAKE CHECKS PAYABLE TO: Cincinnati Lady Cyclones

And mail registration form to: Cincinnati Lady Cyclones
c/o Amy Francis
5761 Whitney Avenue
Cincinnati, Ohio 45227

REFUND POLICY: Cincinnati Lady Cyclones Girls Hockey will make program refunds only for the following:

1. the program is cancelled by Northland Ice Center.
2. the registered participant moves out of town before May 15
3. the registered participant becomes ill before the program starts and furnishes a Doctor's statement indicating such.

The Cincinnati Amateur Hockey Association fields girls' teams at many age and skill levels during the fall & spring hockey seasons.

To find out more about registering for the Cincinnati Lady Cyclones Girls Hockey Program, contact the CAHA office at 513-777-1700 / email hockeytyme@aol.com, or Lady Cyclones Commissioner Amy Francis at 513-967-6880 / email ajfrancis4@yahoo.com.

**THANK YOU, CAHA, FOR YOUR SUPPORT OF
CINCINNATI GIRLS HOCKEY!**



OLYMPIANS

KRISTIN KING & CHANDA GUNN

present

Cincinnati Lady Cyclones Girls Hockey Camp

June 20-22, 2008

Northland Ice Center

Cincinnati, Ohio

Girls Ages 8-18

Join Olympians Kristin King and Chanda Gunn when they travel to Northland Ice Center in Cincinnati, Ohio to host a weekend girl's ice hockey clinic for girls of all skill levels. Kristin played her college hockey in Hanover, New Hampshire at Dartmouth College where she made two appearances at the NCAA tournament, 3 appearances in the ECAC Finals, and won 2 Ivy League Titles. Kristin was twice named to 1st Team All-Ivy and was MVP for 3 years in a row. Kristin and Chanda recently returned from the 2006 Olympic Games in Torino, Italy where their team earned a Bronze Medal. Kristin was a 2005 World Champion and also won the Silver Medal at the 2004 World Championships, a Gold Medal at the 2003 Four Nations Cup, and a Silver Medal at the 2005 Four Nations Cup.

Camp Overview

This clinic is designed for players who want to improve and develop their hockey skills. There will be strong emphasis on puck control, stick handling, passing, shooting, and positional play. Suggested age level is 8-18.

The on-ice segment of the camp will consist of a one hour ice session on Friday (7pm-8pm—on-ice), 2-one hour sessions on Saturday with an hour of dryland training (9-10am—on-ice, 10:30-11:30am--dryland training, 11:30am--lunch, 1-2pm—on-ice) and a one hour ice segment on Sunday (10-11am—scrimmage).

Note: Please pack a brown bag lunch for your child on Saturday, as lunch will not be provided.

Camp times are subject to change and adjustment.

Waiver/Liability

We reserve the right to place students in the most appropriate group for their skill level. We also retain the right to terminate the stay of any player, when it is decided that it is in the best interest of either the school or the player. The participant, parents or legal guardian agree that the Kristin King's Hockey School, the Lady Cyclones Girls Hockey program, the employees, the facility, nor anyone associated with the camp will not be liable for any accident or loss, however caused, and agrees to release, the proprietors and/or facilities from any and all damages which may occur as a result of participation in this program. We state that the applicant is in good health and can participate in the physical activity of a vigorous program. In an event of injury or illness while at camp, I hereby consent and authorize the administration of all treatments and test that may be considered advisable, or necessary, in the judgment of emergency room physician, or any other clinical physicians. I also agree that the school will not be held responsible for any acts of God (flood, power failure, etc.), which may result in the termination of the school.

Signature

Date

REGISTRATION DEADLINE: May 15, 2008

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

EMAIL ADDRESS _____

BIRTHDATE _____

HOCKEY EXPERIENCE: Y or N YEARS EXPERIENCE: _____

WHAT ORGANIZATION? _____

DIVISION? (MITES, SQUIRTS, ETC.) _____

LEVEL? (HOUSE B, A, ETC.) _____

NAME OF PARENT/GUARDIAN: _____

ADDRESS: _____

PHONE: home _____ cell _____

EMERGENCY CALL: _____

Do you take any medication or are you allergic to any medication? _____

Please list- _____