



# ELITE WARRIORS SUMMER CAMP

AUGUST 11 - 15, 2014 | \$150 +HST

## THE PLAYER

The Elite Warriors Hockey Camp is looking for that individual who is a good player (A/AA, Junior, CIS or NCAA), but more importantly, is motivated and committed to learning and improving skills, knowledge and conditioning.

## THE CAMP INCLUDES...

- 1 1/2 hours on ice daily
- On-ice conditioning
- Certified coaching instruction
- Hockey camp jersey

**REGISTER ONLINE**  
**GOWARRIORSGO.CA/CAMPS**

## THE SCHOOL EMPHASIZES...

- High tempo based drills
- Puck control – stickhandling, passing and shooting
- Highly competitive flow drills
- 1 on 1 drills
- Hard work & Fun

## ADDITIONAL INFORMATION:

- Cost for the week is \$150.00 +HST
- 2 ice sessions;  
7:00-8:30 pm (12-14 yrs)  
8:00-10:00 pm (15yrs and up)
- All on- ice sessions will be held at Columbia Icefields Arena

## CAMP COORDINATOR

**Shaun Reagan**



Women's Hockey Head Coach and Director of uWaterloo's Hockey Camp

Reagan just completed his 3rd season as Head Coach of the Women's Hockey Program, leading the Warriors

to their most success season yet. He is a High Performance 1 Certified coach, and has spent time coaching and evaluating for Team Ontario's U18 program.

## CAMP REGISTRATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Birth (MM/DD/YEAR): \_\_\_\_\_

Jersey Size: Youth  M  L  XL Adult  S  M  L  XL

Parent's Name: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (W): \_\_\_\_\_

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

Camper's Health Card #: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

**Mail to:** University of Waterloo, Attn: Shaun Reagan (CIF),  
200 University Ave West, Waterloo, ON N2L 3G1. Make cheques payable to 'University of Waterloo'

## WATERLOO ATHLETICS AND RECREATION CAMP PARENTAL CONSENT

I, the undersigned, hereby acknowledge that certain risks of injury are inherent to participation in recreational activities and classroom activities. These types of injuries may be minor or serious and may result from one's actions, or the actions or interaction of others or a combination of both. I understand that certain activities require a minimum level of fitness and health (physical, mental and emotional) and that each person has a different capacity for participating in these activities. I hereby agree that the University of Waterloo, its faculty, staff, and agents shall not be liable for any injury, loss or damage to person or property, incurred during this program, including deterioration of health or illness or aggravation of condition resulting from participation in these activities. I declare having read and understood the above informed consent agreement in its entirety and hereby give my consent for the registrant to participate knowing all of the foregoing.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

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