



## High Performance Training Camp

In a 60 minute hockey game, many players may never have a *single shot* on goal. Others may only have one or two shots. Top players may have up to ten shots on goal. So when you have a chance to shoot, light the lamp!

The shooting and stick handling camp is an off-ice session, comprised of one hour increments over five days, which will provide the personal attention and expertise to improve the athlete's release, power, and accuracy while shooting the puck. Using innovative training techniques, the fundamentals of shooting will be taught, in addition to simulated scoring situations and scoring tips.

Instructor: Tim Slukynsky

Equipment: 2 hockey sticks, with the plug removed from at least one of them, hockey gloves, running shoes, hockey helmet, water bottle and shorts/sweats

Attendees will have a chance to shoot 1000+ pucks in a controlled environment.

### ***About the instructor:***

***Former Acceleration Minnesota hockey trainer (Mpls/St.Paul metro locations); trained youth, high school, college, and professional players.***

***Playing experience includes the Western Hockey League, Manitoba Junior Hockey League, Saskatchewan Junior Hockey League, NCAA Division I, Canadian College, Western Professional Hockey League.***

***Bachelor of Physical Education Degree from the University of Regina, SK, Canada.***

**PLEASE EMAIL [info@lamplighterhockey.com](mailto:info@lamplighterhockey.com) TO RESERVE YOUR SPOT**

Parent's/Guardian's Name: \_\_\_\_\_

Player's Name: \_\_\_\_\_

Player's Age: \_\_\_\_\_ Player's Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Medical Insurance Co.: \_\_\_\_\_ Policy Number: \_\_\_\_\_

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

Please indicate dates attending: \_\_\_\_\_

Payment Amount: \_\_\_\_\_ Check Number: \_\_\_\_\_

Send check and completed registration form to:

Lamplighter Hockey, LLC  
P.O. Box 584  
Warroad, MN 56763

#### RECOGNITION & ASSUMPTION OF RISK AGREEMENT

I, the undersigned parent/legal guardian of \_\_\_\_\_, authorize said child's participation in the Lamplighter Hockey, LLC (LH) camp. It is my understanding that participation in the activities that make up LH is not without some inherent risk of injury. As such, in consideration of my child's participation in the LH camp, I hereby release, waive, discharge, and covenant not to sue the LH and any and all Directors, Officers, Employees and Instructors from any and all liability, claims, demands, action, and causes of action whatsoever arising out of or related to any loss, damage, or injury including death, that may be sustained by my child, whether caused by the negligence of the releases, or otherwise while participating in such activity, or while in, or upon the premises where the activity is being conducted.

Dated this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_

Parent/Legal Guardian

Printed name: \_\_\_\_\_