

## The Staff

**Claudia Asano**, Head Coach, Union College

- Former Assistant Coach, Harvard University
- Former player and captain at Harvard University

**Ali Boe**, Asst. Coach, Union College

- Goalie Coach
- 4-year letter-winner, Harvard University

**Ashley Shaidle**, Asst. Coach, Union College

- 4-year letter-winner and alternate captain, Clarkson University
- All-time leading scorer, Clarkson University

Various current and former Union College hockey players will assist with on and off-ice activities.

## Facilities

Beautiful Messa Rink at Achilles Center, home of the Union College Dutchwomen, boasts ample space for off-ice activities along with the surrounding, state of the art athletic facilities on the scenic Union College campus

### Dates:

Aug. 10-14, 2009 (Both groups)

### Groups

*Based on the level of the participant for the 2008-09 hockey season.*

*(On-Ice, off-ice schedule will follow)*

Group 1

Ages 6-12

Drop-off 8:30 am, pick-up 3:00 pm

Group 2

Ages 13-17

Drop-off 9:00 am, pick-up 3:30 pm

### Training Features

- Daily power skating work with edge work and stride mechanics
- Small area games teaching use of body and skills in tight spaces
- Station work for small coach /player ratio, grouped by skill level
- Off-ice activities, including video sessions and dry-land training
- 2 and a half hours on ice daily

### Price

Per Camper **\$305**

\$25 discount per additional participant in family.

If so then you pay - **\$280**

There is a \$100 deposit due July 1<sup>st</sup>.

### Team Discount

For teams that register as a team of **10 or more** players, each participant receives a \$10 discount.

## All Campers

- Lunch at campus dining halls will be served daily, buffet style, with multiple choices.
- Receive camp jersey
- All-day supervision by professional staff
- 3 hours on-ice each day

### Registration: *(please complete both sides)*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_ Zip \_\_\_\_\_

Phone-1 \_\_\_\_\_ Phone-2 \_\_\_\_\_

E-mail \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Height \_\_\_\_ Weight \_\_\_\_ Yrs. Experience \_\_\_\_

Name of Parent(s) or Guardian(s)  
\_\_\_\_\_

Position *(circle one)* for def goal

08-09 Team \_\_\_\_\_

Jersey size \_\_\_\_\_

*Please Make Checks or Money Orders Payable to:*  
**Union College**

*Return Application to:*  
**Union College Girl's Hockey Academy**  
**Achilles Center**  
**Schenectady, NY 12308**

**Union College Athletic Department Summer Academy Waiver**

NOTE: THIS FORM, TOGETHER WITH THE SUBMISSION OF A FULLY COMPLETED HEALTH FORM AND PEDIATRIC IMMUNIZATION RECORD, MUST BE READ AND SIGNED BEFORE THE PARTICIPANT IS ALLOWED TO TAKE PART IN ANY TRAINING, COMPETITION, MEETING, OR TESTING SESSION. **BY SIGNING THIS FORM, THE PARTICIPANT AND PARENT/GUARDIAN AFFIRM HAVING READ AND AGREED TO THIS STATEMENT.**

Child's Name (please print): \_\_\_\_\_

Sport Academy: \_\_\_\_\_

Date(s): \_\_\_\_\_

Location: \_\_\_\_\_

**SPONSORING ORGANIZATION: UNION COLLEGE ATHLETIC DEPARTMENT**

I, the undersigned, wish for my Child ("Child") to participate in the above-referenced program ("Program") on the date(s) and location indicated above and, in consideration for my Child's participation, I hereby agree as follows:

1. I acknowledge, understand, and appreciate that as part of my Child's participation in the Program there are dangers, hazards, and inherent risks to which my Child may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. I further realize that participating in the Program may involve risks and dangers, both known and unknown, and have elected to allow my Child to take part in the Program. Therefore I, on behalf of my Child, voluntarily accept and assume all risk of injury, loss of life, or damage to property rising out of training, preparing, participating, and traveling to or from the Program.

2. I, on behalf of my Child, hereby release Union College, its Board of Trustees, Administration, Faculty, Staff, the Program Staff, and all other officers, directors, employees, and agents (hereafter "Union") from any and all liability as to any right of action that may accrue to my heirs or representatives for any injury to my Child or loss that my Child may suffer while training, preparing, participating, and/or traveling to or from the Program. This agreement is binding on my heirs and assigns.

3. I, on behalf of my Child, furthermore, to the fullest extent permitted by law, release, indemnify, and hold harmless Union from and against any and all liability, actions, debts, claims, and demands of every kind whatsoever, except those things caused by the sole negligence of Union, and any present or future claim, loss or liability for injury to person or property that my Child may suffer, for which my Child may be liable to any other person, that may or does arise out of my Child's participation in the Program. I understand that Union accepts no responsibility for my Child's personal property.

4. In the event of an accident or serious illness, I hereby authorize representatives of Union to obtain medical treatment for my Child on my behalf. I hereby hold harmless and agree to indemnify Union from any claims, causes of action, damages, and/or liabilities, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries to my Child that may occur during his/her participation in the Program.

5. This Waiver shall be governed by and construed under the laws of the State of New York. I agree that any legal action or proceeding relating to this Waiver, or arising out of any injury, death, damage, or loss as a result of my Child's participation in any part of the Program, shall be brought only in Schenectady County, New York State.

6. I agree to outfit my Child with equipment as dictated by the Union Athletic Department, to allow coaches to use sound judgment in obtaining necessary medical care (at my expense), to accept any decisions made by the coaches with regard to participation and/or disqualification (including, but not limited to, behavior deemed unacceptable by the Union Athletic Department), to provide transportation for my Child to and from all practices and games, and acknowledge that participating in Union's Summer Camp is voluntary.

This Waiver contains the entire agreement between the parties to this Waiver and the terms of this Waiver are contractual and not a mere recital. The information I have provided is disclosed accurately and truthfully. I have been given ample opportunity to read this document and I understand and agree to all of its terms and conditions. I understand that I am giving up substantial rights (including my right to sue), and acknowledge that I am signing this document freely and voluntarily, and intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law. My signature on this document is intended to bind not only myself and my Child but also the successors, heirs, representatives, administrators, and assigns of myself and my Child.

**A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 18**

**PARENT/GUARDIAN**

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_:

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

2009

**UNION COLLEGE**



**GIRL'S HOCKEY ACADEMY**

**August 10-14, 2009**

**Daytime instructional camps for hockey players age 6-17.**

**Messa Rink at Achilles Center  
Union College  
Schenectady, NY 12308  
(518) 388-6771  
asanoc@union.edu**

