

# **Best Performance Sports Training:** **Hockey Skill School – FSJ, BC**

*(Birth Year 2008 – 2012)*

- Camp Description Group #1 and #2 – This day long camp runs from 8:30am to 4pm each day. Athletes will receive 2 hours of ice each day focusing on skating skills and puck skills. The last day of the camp will be a mini small area games tournament. All athletes will spend the off-ice time playing various games and doing various drills to help develop motor coordination and effective movement solutions. The goal of these sessions is to develop all around athleticism, good sportsmanship and have a great time doing it!
- GOALIES - This Camp will have a goalie instructor on the ice for every session. Goalies shall receive a minimum of 5 hours of individual goalie instruction accompanied by games and drills.

## ***When?***

August 19 – 23<sup>rd</sup>

8am – 4pm each day – a detailed schedule will be emailed August 14<sup>th</sup>. Also visit [www.bestperformance.ca](http://www.bestperformance.ca) to view daily schedule

## ***How Much?***

### Players and Goalies

Group #1(2012 and 2011 Birth Year) or Group # 2(2010 – 2012 Birth Year)

1. Price before July 5<sup>th</sup> - \$355 for all 5 days
2. Price After July 5<sup>th</sup> - \$380 for all 5 days

## ***How Do I Register?***

1. Registration will be first come first serve. **There are limited spots available.**
2. Go to Ernie's Sports Experts in Fort St. John and pick up a registration form.
3. Complete the form and give it to the front desk personnel with payment enclosed.
4. **Some group adjustments will be made based on registration numbers.**
5. Include an email address' on the registration form so registration can be confirmed on August 14<sup>th</sup>
6. If you have any questions or need to email registration, email Phil Hiscock at [bestperformancephil@gmail.com](mailto:bestperformancephil@gmail.com) or call/text 250-261-0887.

***IMPORTANT!! Please indicate which group you would like (This may change based on registration numbers)***

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Amount Enclosed \_\_\_\_\_ Cash \_\_\_\_\_ Cheque# \_\_\_\_\_ Etransfer \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email(**please print clearly**) Primary: \_\_\_\_\_

Secondary: \_\_\_\_\_

Player Name: \_\_\_\_\_ DOB (mm/dd/yy): \_\_\_\_\_ Age: \_\_\_\_\_

- Please make cheques payable to **“Phil Hiscock”**

*At Best Performance our mission is to provide a highly motivating, fun, learning environment for all hockey players we work with. We have a vested interest in player development in the Peace River and surrounding area. We pride ourselves on the success of our local athletes and strive to provide high quality instruction matched by no one else in BC and Alberta.*

**AMATEUR ATHLETIC  
WAIVER AND RELEASE OF LIABILITY**

In consideration of being allowed to participate in any way in the Best Performance Sports Training Summer Camps athletic/sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Best Performance Sports Training, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X \_\_\_\_\_  
PARTICIPANT'S SIGNATURE

X \_\_\_\_\_ Date Signed: \_\_\_\_\_  
WITNESS

**FOR PARTICIPANTS OF MINORITY AGE**  
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

X \_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE                      EMERGENCY PHONE NUMBER

X \_\_\_\_\_  
WITNESS

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