

APPLICATION

Players Name: _____

DOB: _____ Age: _____

Address: _____

City: _____ State: _____ Zip _____

Parents Name: _____

E-mail Address: _____

Telephone: _____

Emergency Contact Name: _____

Cell Number: _____

Position: _____ Current Team: _____

Select Camp Week:	Select Day:	(please circle day)	Cost:
<input type="checkbox"/> Week 1 - June 24 - 28	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	<input type="checkbox"/> Partial Week (M T W T F) 2 or 3 days only - \$120 per day	_____
<input type="checkbox"/> Week 2 - July 15 - 19	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	<input type="checkbox"/> Partial Week (M T W T F) 2 or 3 days only - \$120 per day	_____
<input type="checkbox"/> Week 3 - July 29- August 2	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	<input type="checkbox"/> Partial Week (M T W T F) 2 or 3 days only - \$120 per day	_____
<input type="checkbox"/> Week 4 - August 12 - 16	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	<input type="checkbox"/> Partial Week (M T W T F) 2 or 3 days only - \$120 per day	_____
<input type="checkbox"/> Week 5 - August 26 - 30	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	<input type="checkbox"/> Partial Week (M T W T F) 2 or 3 days only - \$120 per day	_____
			Total \$ _____

Payment: \$575 Full Week \$295 Half Week

Please make checks payable to Superior Ice Rink

Amount Enclosed \$ _____ Cash Check # CC (pay in rink only)

Balance Due \$ _____ Date: _____ MGR _____

NO REFUNDS OR CREDITS FOR MISSED CAMP DAYS

Agreement and Waiver

A medical certificate is required if the applicant suffers from any allergies or if he/she requires medical attention of any kind. I agree that I shall provide health insurance to cover personal injury and property damage sustained while participating in the activities of or while on the premises of the Superior Ice Rink Summer Camp. I acknowledge that ice hockey is a high risk activity and I give approval for my child to participate in all activities of the Superior Ice Rink Summer Camp both on and off ice. I assume all risk forever absolve, indemnify and hold harmless, the Superior Ice Rink Summer Hockey Camp, its staff, Superior Ice Rink, Inc. and any of its employees in the event of an accident or loss however caused. I certify by my signature that the registrant is in good health, and acknowledge that I have read and understand all the conditions contained in this application and agree to abide by them.

Signature of Parent/Guardian: _____ Date: _____

SUPERIOR ICE RINK

EST. 1972



2019 Summer Hockey Camp

Featuring Pro Instruction by
Steve Rizer • Tony Colombo

Week 1 - June 24 - 28

"TOTAL SKILLS" Camp

All Puck and Skating Skill Work
Ages 6-16 / All Skill Levels

Week 2 - July 15 - 19

"POWER SKATING" Camp

Skating and Edge Control
Ages 6-16 / All Skill Levels

Week 3 - July 29 - August 2

"TOP SHELF" Camp

Shooting and Puck Control Skills
Ages 6-16 / All Skill Levels

Week 4 - August 12 - 16

"BODY CONTACT & BATTLE" Camp

Defense and Offensive Skills
Ages 6-16 / All Skill Levels

Week 5 - August 26 - 30

"PRE-SEASON TRAINING" Camp

Ages 6-16 / Intermediate
and Advanced Skill Levels

Located at
Superior Ice Rink
270 Indian Head Road
Kings Park, NY 11754

To register or for additional information,
please contact Steve Rizer at
631-269-3900 or e-mail SteveR@SuperiorIceRink.com
www.SuperiorIceRink.com

Instructors



Steve Rizer - Long Island Royals Hockey Director and two time NCAA All-American hockey player. Steve is a former NCAA assistant coach and recruiting coordinator.



Tony Colombo - Tony played professional hockey in the Central Hockey League with the Mississippi River Kings. He played his Junior A career in the Manitoba Junior Hockey League. Tony was an assistant with the Royals Junior team for the past six years. He also was the assistant coach with the International Pee Wee Quebec Long Island team for the past five years.

Introduction

Superior Ice Rink is proud to present its annual Summer Hockey Camps. 3 Hours of ON-ice and 2 hours of OFF-ice daily. This camp is ideal for all hockey players to elevate their game in a fun and enjoyable atmosphere. With an elite level coaching staff as our head instructors, your child will receive the best instruction on Long Island. Our hockey camp is recommended for players 6-16 years of age. Full hockey equipment is required for all on-ice programs.



Camp Weeks

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\$575 (full day/full week camp)

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Advanced Skill Levels

\$575 (full day/full week camp)

A designated and qualified Goalie Coach will be at all weeks to work with our goaltenders in a small group setting.

Daily Camp Schedules

8:30 am	Arrive at Superior Ice Rink
9:00 - 11:00	On-Ice
11:00 - 12:00	Off-Ice
12:00 - 1:00	Lunch/Video
1:30 - 3:30	On-Ice
4:00	Depart

Full weeks only

What to bring for the day:

Hockey equipment – *All equipment should be labeled with campers name's on it.*

Sneakers for off ice.

Food

The snack bar will be open during camp time. \$30 typically covers lunch for the week and any snacks your child may want. Please do not leave money in bags. We cannot be held responsible. We will have envelopes at registration with the skaters names on them to hold their lunch money for the week.

Please inform the staff of any food allergies.

Do not bring any electronics to the rink.

Camp Fees

Full Day Skaters:	\$575
Half Day Skaters:	\$295
Full Day Goaltenders:	\$395
Half Day Goaltenders:	\$249

Partial Weeks - \$120 per day

Multi week - 5% Discount

Multi-Sibling - 10% Discount

** Price includes jersey, but NO lunch.*

Lunch available at Superior Ice Snack Bar located on premises or you may bring your own.

