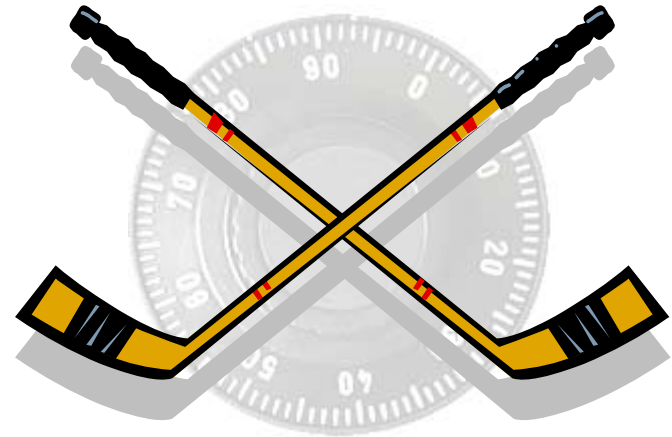




2765 State Hwy 23 * Stockholm, NJ 07460
Phone (973) 697-1600 * Fax (973) 208-9411
www.SkylandsIceWorldNJ.com

Mark Weaver's C.O.D.E. Camp



"Crack the C.O.D.E. to better hockey."
Creativity. Originality. Decisiveness. Experience.

July 14th - July 18th, 2008

Aug 11th - Aug 15th, 2008

1 hour and 15 minutes of ice per session!

Limited Enrollment

Multi-Camp Registration Discount

C.O.D.E.'s mission is to provide an on-ice environment that promotes creativity, improves decision making skills, and develops a players individual and team skills by the use of small area games.

Mark Weaver: "My goal is to increase a player's hockey sense, creativity, and overall skill so that each player will flourish in his or her hockey experience."

- ✓ Player's will participate in decision making drills. These drills are NOT pre-defined, meaning they have to READ and REACT to their environment.
- ✓ Drills are tailored to creating an overall experience as a hockey player, both mentally and physically.
- ✓ Skating drills will help develop better skating techniques.
- ✓ Player's will play high tempo 2 v 2 and 3 v 3 games to increase their overall stamina.
- ✓ Player's will run through continuous cycles of skating for 45 seconds and resting for 45 seconds, simulating a shift during a game.

Goalies

There will be a goalie instructor to work with the goalies each session, followed by a barrage of shots.

Group I DOB 98' & Younger 5:30pm-6:45pm

Group II DOB 95' 96' 97' 7:00pm-8:15pm

Group III DOB 94' & Older 8:30pm-9:45pm

\$175 per skater \$135 w/registration of other SIW camp

\$75 per goalie \$55 w/registration of other SIW camp

The C.O.D.E. camp will only accept 24 skaters and 6 goalies per group.

SUMMER 2008 MARK WEAVER'S C.O.D.E. CAMP APPLICATION FORM AND WAIVER

PLAYER'S NAME: _____

PARENT/ GUARDIAN NAME(S): _____

STREET ADDRESS: _____

TOWN: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____

EMAIL: _____

DATE OF BIRTH: _____/_____/_____

SESSION WEEK 7/14-7/18 WEEK 8/11-8/15

GROUP 1 2 3 JERSEY YS/M YL/XL S M L XL

LAST TEAM PLAYED FOR: _____

EMERGENCY INFORMATION

EMERGENCY CONTACT: _____

RELATIONSHIP WITH CONTACT: _____

EMERGENCY PHONE: _____

ANY ADDITIONAL INFO: _____

WAIVER & RELEASE

The undersigned parent expressly understands and agrees that Skylands Ice World (SIW) shall in no way be responsible, or in any way be liable, for any injury, claim for damages, pain and/or suffering, or any liability whatsoever arising out of a player's use of, or presence at, SIW at any time. Parent acknowledges that all activities offered at SIW, including those incidental in nature, contain inherent elements of risk which the parent fully accepts and agrees to bear the full burden of. It is the intention of the player and/or parent to forever waive and release SIW from any claims of any kind whatsoever, in law or in equity, on account of any injury or other damages of any kind, including but not limited to loss of personal property while on SIW premises, or while coming to or from SIW. Player and/or parent hereby also grants to SIW the right to use any photographic or video images taken of player while at SIW for use for SIW for advertising and/or promotional and marketing purposes.

PARENT/ GUARDIAN SIGNATURE _____