

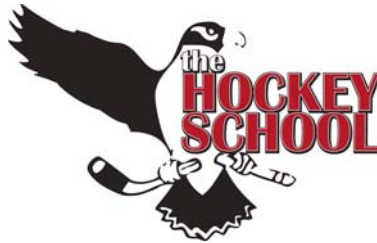
The Hockey School

301 Walnut Street

Spooner WI 54801

Phone: 715-635-6144 Ext: 25

Fax: 715-635-6803



Boys Session - July 15, 2012 - July 19, 2012

Dear athlete,

I would like to take this opportunity to thank you for choosing The Hockey School. Our staff is looking forward to meeting you and helping you to become a better player.

This year our program will be filled with high intensity drills, competitive games, and a lot of fun. Listed below are a few items you may want to bring with you. Also listed, are some mandatory items that you need to complete.

Registration will begin at 6:00 pm on Sunday, July 15th. Player orientation will follow at 6:45. At this time we will go over camp rules, procedures, and room assignments, as well as our weekly itinerary. We will answer any questions that you may have. Check out time will be at 11:15 to 12:00 on Thursday, July 19th. Attached is a health history form. This form **MUST** be completed and returned as soon as possible. You need to mail this form to: The Hockey School, Attn: Becca Johnson, 301 Walnut Street, Spooner WI 54801

Note: No meal will be served on Sunday night.

See you on the ice!

P.K. O'Handley - Director

List to bring:

Toiletries
Dry land clothes, shoes, stick
Extra equipment
Extra money for concessions & recreation
Swimsuit
Sunscreen
Hockey equipment
Clothes for the week
Stick handling ball
Water bottle -SLEEPING BAG & PILLOW (or sheet, blanket & pillow)!

Extra money for:

Mini Golf
Dairy Queen
Go Karts
Skate Sharpening
Pro Shop

NOTE: We will have a bank system for each player to avoid any money that may be misplaced or otherwise disappears!

The Hockey School Health History Questionnaire - Boys Session

Participant

Last First MI Soc. Sec. #

Home Address City State Zip

Date of Birth Sex Height Weight

Parent/Guardian _____

Home Phone () _____ - _____ Work Phone () _____ - _____

In case of emergency (injury or illness), if you are unable to be contacted, we should contact:

Name _____ Relationship _____ Phone _____

Name of Physician _____ Phone _____

Insurance Co. _____ Policy # _____

Immunization Record _____ Date _____

*MMR (measles, mumps, rubella)

Dose 1 – Immunization at 12 months _____ Dose 2 _____

*Tetanus Diphtheria

Year of initial series _____ Year of last tetanus booster _____

Have you ever had major surgery or been hospitalized? _____

Please explain any significant operations, accidents or illness and last medical attention and reason:

Does the participant have any physical condition(s) that require special considerations? Explain:

