



**DIVINE  
CHILD**  
HIGH SCHOOL



## **YOUTH HOCKEY CAMP**

The Divine Child High School Varsity Hockey Coaching staff will be conducting a Hockey Camp for boys currently in the 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> grades at the DC Elementary School and other local parish feeder schools to the DCHS. Players will be grouped together according to their age and skill level.

### **Primary Camp Objectives Include:**

- On-ice Skill Development
- Power Skating & Edge Control
- Introduction of High School Level Fundamentals
- Falcon Hockey Camp T-Shirt

### **Camp Dates and Times:**

May 28, 29, & 30, 2019

5:00 p.m. – 6:30 p.m.

Eddie Edgar Ice Arena – Livonia, MI

### **Camp Cost is \$60 per skater**

Payment due at the May 28<sup>th</sup> skate. Please make checks payable to

**“Dearborn Falcons”**

To reserve your spot, please fill out the form below and email it to

[dcyouthhockeycamp@gmail.com](mailto:dcyouthhockeycamp@gmail.com)

or call Pam Welch at 313-570-0123

# **GO FALCONS!**



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## **YOUTH HOCKEY CAMP**

Registration Form: 2019 Hockey Youth Camp (May 28 – 30, 2019)

For registration, complete the requested information and e-mail to [dcyouthhockeycamp@gmail.com](mailto:dcyouthhockeycamp@gmail.com).

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Email: \_\_\_\_\_

Shirt Size: \_\_\_\_\_

**Cost**

**\$60.00 per camper**

**(Check made payable to Dearborn Falcons)**

CONSENT OF PARENT/GUARDIAN (If Participant is a minor) I am the parent or legal guardian of the participant listed above. I hereby consent that the participant may participate in Divine Child High School Athletic camp and I hereby execute the Agreement, Waiver and Release on his/her behalf. I hereby affirmatively state that the said Participant is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost or expense that they may incur as result of any injury or property damage that said participant may sustain while participating in activities at the Divine Child Athletic Camp:

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date