

# TWIST'S SPRING & SUMMER 2012 HIGH PERFORMANCE HOCKEY CAMP REGISTRATION FORM

PRINT VERSION

Once you have completed both pages of this registration form please fax or mail to: Twist Sport Conditioning, Unit 12 - 1225 East Keith Road, North Vancouver, B.C. V7J 1J3 Fax: 604-904-6558 • Method of payment: Visa, Mastercard or Cheque (payable to Twist Sport Conditioning) • Register as soon as possible as the number of participants in each group, in each camp, is limited! • Questions? Call 1-888-214-4244 (Ext. 2) or 604-904-6556 (Ext. 2) or e-mail camps@twistconditioning.com

## SPRING PROGRAM

**Please check your division.** Divisions are based on your 2011/12 team:  Pro  Junior/College

Major Midget/Midget Elite (94, 95, 96)  Bantam Elite (97, 98)  Pee-Wee (99, 00)  Atom (01,02)  Female

**TOTALS**

**Full Elite Spring Program** JR/College/Midget/Bantam \$1499 before March 23 (\$1549 after March 23),

Pee-Wee \$1125 before March 23 (\$1175 after March 23), Atom \$599 before March 23 (\$649 after March 23)

Full Elite Spring Total

**Phase 1** \$425 (all groups except Atom), \$225 (Atom)

Phase 1 Total

**Phase 2** \$425 (all groups except Atom), \$225 (Atom)

Phase 2 Total

**Phase 3** JR/College/Midget/Bantam \$799, Pee-Wee \$425, Atom \$225

Phase 3 Total

## SUMMER PROGRAMS

**Please check your division.** Divisions are based on your 2011/12 team:  Pro  Junior/College

Major Midget/Midget Elite (94, 95, 96)  Bantam Elite (97,98)  Pee-Wee (99, 00)  Atom (01,02)  Female

**Elite High Performance 8 Week Camp** \$3189 (before May 25) \$3389 (after May 25)

Elite HP Camp Total

**Elite High Performance Pee-Wee 5 Week Camp** \$1989

Pee-Wee HP Camp Total

**Schedule of Weeks** Week 1: July 3-6 (4 day wk) • Week 2: July 9-13 • Week 3: July 16-20 • Week 4: July 23-27 • Week 5: July 30-Aug 3  
• Week 6: Aug 7-10 (4 day wk) • Week 7: Aug 13-17 • Week 8: Aug 20-24 • Week 9: Aug 27-31\*

**Weekly Full Program**  Wk 1  Wk 2  Wk 3  Wk 4  Wk 5  Wk 6  Wk 7  Wk 8

Weekly Full Total

Costs: Weeks 1, 6 \$449/week; Weeks 2, 3, 4 \$499/week; Weeks 5, 7, 8 \$549/week

**Weekly On-Ice Camps**  Wk 1  Wk 2  Wk 3  Wk 4  Wk 5  Wk 6  Wk 7  Wk 8

Weekly Ice Total

Costs: Weeks 1-4 \$209/week; Weeks 5-8 \$269/week

**Weekly Dryland Camps**  Wk 1  Wk 2  Wk 3  Wk 4  Wk 5  Wk 6  Wk 7  Wk 8

Weekly Dryland Total

Costs: Weeks 2, 3, 4, 5, 7, 8 \$299/week; Weeks 1, 6 \$249

**Other Weekly Camps**  Atom Camp \$399  Female Elite Camp \$549  Pee-Wee Elite \$549

Other Weekly Camp Total

Speed & Anaerobic Conditioning Camps (Ice Only \$269, Dryland Only \$299, Full \$549)

## TWIST DEVELOPMENT / ADDITIONAL SERVICES:

1-on-1 Dryland \$85 (\$75 for Elite 8 weekers)  1-on-1 On-Ice \$200/hr (\$190/hr Elite HP 8 Week Players)  Combine360 Testing \$275

Individual Take Home Program \$850  Mental Training \$95/session or \$475/package  Sports Nutrition \$245

Transportation between Twist Sport Conditioning Centre & Burnaby 8 Rinks: Weeks 1-4 \$45/week; Weeks 5-8 \$60/week; Weeks 1-8 \$375

Development Total

Billing: please visit First Choice International at [www.fcplacement.com](http://www.fcplacement.com)

**Note: we do not pro-rate programs for missed days**

## TOTALS SECTION

SUB TOTAL

TAX 12% HST

GRAND TOTAL

## ATHLETE INFORMATION, WAIVER & SIGNATURE

Name  Address  City

Prov/State  Postal/zip code:  Country  Phone  Date of Birth

Email  2011 / 2012 Team  Position  Level

Payment  Cheque  VISA  MC Card #:  3-Digit Code  Expiry

CONDITIONS: All programs must be paid for in full upon registration. • Cancellation Policy: No refunds within 30 days to the start of your camp. In the event of an accident or injury, athletes must provide a medical statement from their doctor and will be provided a full credit minus a 10% administration fee. All cancellations outside of 30 days to the start of the camp date will be provided a refund minus a 10% administration fee. • TWIST CONDITIONING RESERVES THE RIGHT TO CANCEL, RE-GROUP OR RE-SCHEDULE PLAYERS BASED ON ABILITY AND ENROLMENT. • **Thank you for choosing Twist's High Performance Hockey Conditioning Camps!**

WAIVER: I certify that I am cognizant of all of the inherent dangers and risks associated with the participation in these programs. I agree that I shall provide health insurance or other applicable insurance to cover any personal injury or property damage sustained by the applicant while participating in Twist's High Performance Hockey Conditioning Camp, and ensure that the Applicant's training attire is in good working order. In consideration of the Applicant's participation in Twist's High Performance Hockey Conditioning Camps, the applicant agrees that Twist Sport Conditioning Inc., its principals, proprietors, employees, and participants will not be responsible for any accident of loss however caused. I hereby release the above parties from all claims, liabilities or damages that may arise as a result of such accident or loss.

**SIGNATURE** (Parent signature if under 18 years of age) .....

# TWIST'S SPRING & SUMMER 2012 HIGH PERFORMANCE HOCKEY CAMP REGISTRATION FORM

Player Name  Address   
City  Prov/State  Postal/zip code  Country   
Home Phone  Cell Phone  Email   
How did you hear about Twist Sport Conditioning   
Date of Birth  Height  Weight   
(2011/2012) Team  Level  Position   
(2010/2011) Team  Level  Position

## EMERGENCY CONTACTS

Emergency Contact (1)  Phone  Cell   
Emergency Contact (2)  Phone  Cell   
Physician's Name  Phone  Medical Number

## INJURIES (PAST OR PRESENT)

Injury 1  Date   
Injury 2  Date   
Injury 3  Date   
Allergies

## PAR-Q – PLEASE CHECK YES OR NO FOR EACH QUESTION BELOW

- Yes  No  1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?  
Yes  No  2. Do you feel pain in your chest when you do physical activity?  
Yes  No  3. In the past month, have you had chest pain when you were not doing physical activity?  
Yes  No  4. Do you lose your balance because of dizziness or do you ever lose consciousness?  
Yes  No  5. Do you have a bone or a joint problem (for example, back knee, or hip) that could be made worse by a change in your physical activity?  
Yes  No  6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?  
Yes  No  7. Do you know of any other reason why you should not do physical activity?

## OFF-SEASON GOALS

Goal 1   
Goal 2   
Goal 3

## PRINT-OUT AND SIGN YOUR COMPLETED AND AUTHORIZED REGISTRATION FORM

Please ensure you have completed both pages. Print-out and sign your name in the signing area on the previous page. Fax the completed and signed form to 604-904-6558 or mail to Twist Sport Conditioning, Unit 12-1225 East Keith Road, North Vancouver, B.C. V7J 1J3. **Thank you from Twist Sport Conditioning!**