

## Satellite Training Project (STP) 2018

**Who:** Any area players grades 8-12. **When:** June 10<sup>th</sup> thru July 31<sup>st</sup>. Black-out week July 2-6.

**Benefits:** 18 hours of ice time. 12 hours of dryland on campus.

**Testing:** Sunday June 10<sup>th</sup> 5:00pm-6:15pm- 8<sup>th</sup> and 9<sup>th</sup> graders. 6:30pm-7:45pm- 10<sup>th</sup> thru 12<sup>th</sup>.

**Format:** Group 1 (Entering 10<sup>th</sup> thru 12<sup>th</sup> graders) Ice 8:00am-9:15am Tuesdays & Thursdays.  
Group 2 (Entering 8<sup>th</sup> and 9<sup>th</sup> graders) Ice 8:00am-9:15am Mondays & Wednesdays.

**Friday's:** High Performance Games: **Invite Only.** 6 Fridays 8:00am-9:15am. Limited to 25

Cost: Additional \$75. Will involve intra-squad scrimmages and game vs other STP program.

**Location:** All training takes place at the Mars Lakeview Arena. 1201 Rice Lake Road Duluth.

**Instructors:** Marshall Varsity Head Coach- Brendan Flaherty. Varsity Coaches, Collegiate Coaches, Professional Hockey Players, and current Collegiate Players.

**Dryland:** Follows on ice sessions 9:30-10:30am every Monday thru Thursday. Led by Licensed Strength and Conditioning Coach / Owner of Impact Sports Training Center- Chris Bell

**Summer Philosophy/Emphasis:** An early start to the day allows kids to participate in other sports later in the day/evening. *We strive to develop good **habits thru repetition.*** Speed-work, puck-handling, shooting, body contact, small-area games, and full ice scrimmage play. Specific Goalie training will take place on several dates throughout the summer.

---

### 2018 STP Registration Form

Name \_\_\_\_\_ Birth-date \_\_\_\_\_ Grade Fall of 2018 \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Level last season: \_\_\_\_\_ Pos. \_\_\_\_\_

**FEE: \$400** (\$225 non-refundable deposit due by May 1, 2017. Balance due by June 15<sup>th</sup>, 2017)

Checks payable to: Brendan Flaherty- Duluth STP. Mail to: PO Box 161001 Duluth, MN 55816.

**Release of Liability:** I, and my heirs, in consideration of my child's participation in the STP the Mars Lakeview Arena, hereby release its coaches, Mars Lakeview Arena, its officers, employees, agents, the STP, and any other people officially connected with this league from any and all liability for damage to or loss of personal property, sickness or injury from whatever source, legal entanglements, imprisonment, death, or loss of money, which might occur while participating in this league. I understand that participation in this program is strictly voluntary and I freely chose to have my child participate. I understand that the camp does not provide medical coverage for my child. I verify that I will be responsible for any medical costs incurred as a result of my child's participation.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_