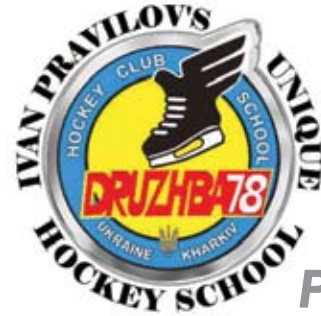




NESA Hockey

AND



PRESENT:

**Exclusive Pre-Season Training Camps for
Boch Ice Cruisers and
Charles River Girls Hockey**



**2009 Dedham Boch Ice Center Sessions:
Week 1: August 10-14 Week 2: August 17-21**



Coach Ivan Pravilov's Druzhba '78 Club

World renowned coach Pravilov was born in Kharkov, Ukraine in 1963 and was a professional soccer player. In 1980, when the first indoor hockey rink was built in the Ukraine, he was tapped to develop and coach a youth hockey program and Druzhba '78 was born. Considered to be one of Europe's finest power skating coaches, Pravilov believes that a player's talent level is directly related to their skating ability.

This Pre-Season Training Camp will use drills that focus primarily on edge work and power skating. Supplemented with dry land training, exercises and skating on roller blades, each student will have optimum opportunity to learn and practice the Pravilov method.

Skaters do not need to be experts, but only serious hockey players are invited to attend these skating skills development camps. Sessions are instructed by Coach Pravilov and assisted by past members of Team Druzhba. Current Druzhba '78 skaters will be demonstrating and participating with camp attendees.

A number of past Druzhba '78 team members attend, and are playing hockey for, colleges (Harvard, Brown, and Manhattenville to name a few) and prep schools in the United States. Current New Jersey Devil member Dainius Zubrus skated for Druzhba '78 from the age of 8 to 18. For more information on the story of Druzhba '78 visit: www.druzhbau18.com/newsstory.cfm?story_id=4

Each Day's Training Consists of:

1 Hour on Ice Training

Full hockey gear required

1 Hour Dry Land Training

Athletic shoes and hockey style roller blades (no toe stoppers) required

**Cost per Player:
\$195 per Session**

Families Wanted to Host Skaters from the Ukraine!

Those who have hosted in summers past will tell you what a pleasure these kids are to share your homes with. It's a great opportunity to open the world up to your families. Please see the enclosed flyer for more information.

Billeting Contact:

Lynn McNamee

lynn.mcnamee@verizon.net

617-794-8219

Exclusive Pre-Season Training Camps for Boch Ice Cruisers and Charles River Girls Hockey

To sign up please complete the enclosed NESACamp Application.

Session 1 (Aug. 10-14)

- Group 1 (10 and Under): 8:30am – 10:30am
- Group 2 (11 and Up): 8:30am – 10:30am
- Group 3 (10 and Under): 10:30am – 12:30pm
- Group 4 (11 and Up): 10:30am – 12:30pm

Session 2 (Aug. 17-21)

- Groups 1 and 2: 5:30pm – 7:30pm
- Group 3: 6:30pm – 8:30pm

Each group will be limited to 16 skaters. To maximize your training experience, we reserve the right to adjust group assignments.

Goalie sessions will be held at the Fessenden in Newton. Please contact Doug Michals, 617-974-8866, dmichals@nesacademy.com, for details and to sign up.

Mail or deliver payment and applications to:

NESA Hockey
345 University Avenue
Westwood, MA 02090

Please make checks payable to NESACamp.

To pay by credit card please provide your credit card information on the enclosed application, visit NESACamp or call 781-493-6345.

Commitments will be reserved upon receipt of registration and full payment. Space is limited to 16 skaters per session and is first come, first served.

Questions? Contact:

Jim Michals

617-974-8858

jmichals@nesacademy.com

or

Doug Michals

617-974-8866

dmichals@nesacademy.com

NESA
Hockey

AND



345 University Ave., Westwood www.nesacademy.com 781-493-6345
Boch Ice Center: 1105 East St., Dedham

ADMINISTRATIVE INFORMATION

Camper Full Name _____ Date of Birth ____/____/____ Age ____ Gender: M / F

Address: Street _____ City _____ Zip Code _____

Parent/Guardian 1: First name _____ Last Name _____ Relationship _____

Home Address: Street _____ City _____ Zip Code _____

Work Address: Street _____ City _____ Zip Code _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email _____

Parent/Guardian 2: First name _____ Last Name _____ Relationship _____

Home Address: Street _____ City _____ Zip Code _____

Work Address: Street _____ City _____ Zip Code _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact: First name _____ Last Name _____ Relationship _____

Home Address: Street _____ City _____ Zip Code _____

Work Address: Street _____ City _____ Zip Code _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Doctor/Dentist Information:

Name of family physician _____ Phone: _____

Address of family physician _____ Date of Last Physical Exam: _____

Name of dentist/orthodontist _____ Phone: _____

Insurance Information: Carrier _____ Policy/Group# _____

IMPORTANT! In accordance with Massachusetts regulations, every camper must have a Certificate of Immunization and Physical Exam (preceding 24 months) on file, which can be obtained from your pediatrician.

NO CAMPER WILL BE ADMITTED WITHOUT ONE!

Health History and Medications *(check all that applies):*

Asthma _____ Seasonal Allergies _____ Insect Bites & Stings _____ Food Allergies _____ Penicillin _____

Other Drugs _____ specify _____ Other _____ specify _____

Medications for Above: (including: **Epi-Pen or Inhaler***) _____

Allergy Explanation: _____

***Epi-Pens and Inhalers at camp require completion of additional permission form**

Will your child be taking any other medications while at camp? Yes _____ **

**** All medications must go directly to the Camp Supervisor and complete**

“MEDICATION INFORMATION SHEET”

Any other medical concerns (such as diabetes, epilepsy, chronic headaches, etc.) not noted above?

Any specific activities to be limited: _____

Any Dietary Modifications/Restrictions: _____

RELEASE OF LIABILITY FOR PERSONAL INJURY

I _____ do hereby release the New England Sports Academy (NESA), its owners, operators, instructors, employees, agents, and servants, from any and all liability for personal injury to me or my child and/or ward as the result of any negligence arising out of or in the course of or in any way related to my or my child's use of the facilities, equipment, apparatus or premises of NESA at 345 University Avenue, Westwood, Massachusetts ("sports academy") and/or my or my child's participation in birthday party or TumbleXpress birthday party or other event organized, run and/or sponsored by the NESA, whether at said sports academy or elsewhere. On behalf of myself and my child, I agree to indemnify and hold harmless the said claims, demands, costs, expenses and compensation arising out of or in the course of or in any way related to any personal injury to me or my child. By signing this release, I acknowledge my understanding and acceptance of the following:

That all sports require strength, agility and concentration and that it is solely my responsibility to determine that my child is in good health and good physical and mental condition before permitting my child to exercise, work out, receive instruction or perform.

That all sports require twisting, turning, tumbling, jumping, flexion, extension and rotation, which movements are often performed with considerable force and/or at considerable height and which can result in severe, permanent personal injuries, including, but not limited to, bruised, strained, sprained or torn muscles, tendons and ligaments, broken bones, derangements or dislocations of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death.

That all sports require the use of apparatus and/or equipment, which may cause or contribute to serve, permanent personal injuries, such as those described above.

Medical Authorization Form and Release

I _____, for myself and as the parent and/or legal guardian of _____, age _____, do hereby authorize the New England Sports Academy (NESA) to transport my child and/or ward to a doctor, hospital or other health care facility. I release NESA, its owners, instructors, employees, agents and servants, from any and all liability for personal injury to me or my child and/or ward as the result of any negligence in transporting medical or hospital treatment or any delay in such transportation, selection or treatment. By signing this release, I acknowledge my understanding and acceptance of the following:

That in the event I choose to leave my child before, during or after a workout or a performance, I have given NESA my permission to use its discretion in determining whether my child and/or ward requires medical attention and, if so, to use its discretion in transporting my child, selecting a health care facility and obtaining treatment for him/her.

That in my absence NESA does NOT assume any responsibility for the care, custody, control condition, health or wellbeing of my child and/or ward.

Payment Information:

Credit Card _____ Name on Credit Card _____

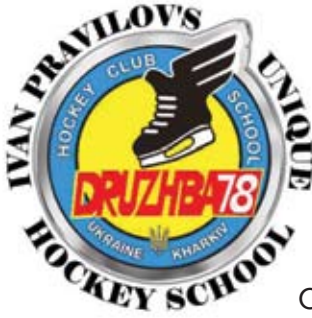
Visa/MC/AMEX/Discover# _____ Exp.Date ____/____/____

Check # _____ Write checks to: NESA

TOTAL AMOUNT ENCLOSED \$ _____

I HAVE READ THE MEDICAL AUTHORIZATION RELEASE AND RELEASE OF LIABILITY FOR PERSONAL INJURY AND HAVE BEEN GIVEN THE OPPORTUNITY TO SPEAK WITH A **NESA** REPRESENTATIVE BEFORE SIGNING THESE RELEASES. I HAVE READ THE "POLICIES AND PROCEDURES" OF **NESA** AND BY SIGNING THIS RELEASE, I ACKNOWLEDGE MY UNDERSTANDING AND RESPONSIBILITY OF FOLLOWING THESE POLICIES AND PROCEDURES.

SIGNATURE OF PARENT OR GUARDIAN _____ *DATE* ____/____/____



How would you like to experience hosting one or more of the amazing children who skate for Ivan Pravilov's Druzhba '78 Hockey Team from the Ukraine? They will be coming to the Boston area August 8, 2009 to participate in Teams Training camps. *And yes, they do speak English.*

Most of the children visiting this summer will be boys born in 1997 (ages 11 and 12) who have been competing in tournaments, and participating in Coach Pravilov's Unique Hockey School on the East Coast since early June. Many are from the city of Kharkov in the Ukraine.

Camps are running August 10-13 and 17-20 at the Fessenden in Newton. The skaters will be arriving Saturday, August 8, 11am, at the Fessenden. They will be leaving Boston Saturday, August 22 s(time/drop off location TBD). We are looking for families who can host for both weeks, but one week hosting can be accommodated.

Families will bring the children they host (it's good to keep two together, but you may choose to host one) in the morning to the assigned camp, and pick them up in the evening. Your responsibility beyond transportation most days, will be providing dinner and a place to sleep (an air mattress, sleeping bag, or sofa is all that is needed, no guest room required!). Breakfast and lunch will be provided during camp. **Host families will receive a \$50 reduction in their camp registration fee.**

There is the potential for scrimmages through the week and possible tournament play on weekends, but this will be determined later and arrangements can be made to accommodate your schedules. It is important these children see competition in the United States, as their opportunities for this back home are limited.

Those who have hosted in summers past will tell you what a pleasure these children are to share your homes with. Keep in mind, the skating sessions are physically demanding, and while they will follow your schedule, the kids do enjoy relaxing and spending time close to their host family's home. It is a wonderful opportunity to open the world up to your families.

Please contact either Jim Michals or Lynn McNamee for more information and to sign up! If you know of anyone who might also be interested, feel free to pass this along.

Lynn McNamee
lynn.mcnamee@verizon.net
(617) 794-8219

Jim Michals
jm@teamstraining.com
(617) 974-8858

Yes, my family is interested in hosting skaters from the Ukraine!

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____