



# Christmas Vacation Mini Camp

## Featuring Tanya Quigley

The Blue Chip Christmas Vacation Mini Camp will have a strong emphasis on skating, stick-handling, and shooting. In each session the players will rotate through 3 stations which will include "Power Skating" with Tanya Quigley, "Stickhandling" and "Shooting" with the Blue Chip staff. Each player will spend 30 minutes working on skating with Tanya at each session. The purpose of breaking the kids into smaller groups is to make sure that each player can get as much coaching and guidance as possible to ensure they are doing each drill properly and forming good habits.

**Location:** Rhode Island Sports Center, Route 146, North Smithfield, RI

**Price:** \$149 per skater

**Ages:** Group 1 Mite/Squirt  
Group 2 PeeWee/Bantam

**Dates and Times:** Group 1 December 26-28 8:00-9:00 AM, December 29 9:10-10:10 AM  
Group 2 December 26-28 9:10-10:10 AM, December 29 10:20-11:20 AM

Please mail payment and completed registration form to:

Blue Chip Selects, PO Box 37, Manville, RI 02838

Or fax to 888-403-4401 with credit card information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Session: Group 1 (Mite/Squirt) \_\_\_\_\_ Group 2 (PeeWee/Bantam) \_\_\_\_\_

Credit card # : \_\_\_\_\_ Expiration date: \_\_\_\_\_

Release of Liability/Acknowledgement of Risk:

In conjunction with my son or daughter's participation in events sponsored by Blue Chip Hockey ("the Company"). I understand that participation in or observation of ice hockey may result in serious injury including permanent paralysis or death. I recognize and assume this risk and understand and agree that neither the company nor any of its officers, directors, shareholders, employees, agents, coaches or referees shall be responsible for any accidents, injury (including paralysis and/or death), loss of equipment or any other costs, expenses, damages or losses in connection with such participation. I hereby represent to the Company that my son or daughter is in good health and is fully able to participate in the rigorous physical activity of the Company sponsored ice hockey program. In the event of injury or illness, the Company has my permission to provide, or make arrangements for the provisions of, emergency first aid.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date