



HIGH SCHOOL & 15U

June 14<sup>th</sup> – August 16<sup>th</sup>

- On-Ice Skill Development
- Edgework Power Skating
- Center Off-ice Strength
- Lightning Summer Tournament

**\$230.00**  
**On & Off-Ice Sessions**  
 Payable to Lightning Booster Club (LBC)

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**Lightning Summer Tourney**  
 July 29<sup>th</sup>–31<sup>st</sup>

Ice Schedule

**JUNE** – Hodgins-Berardo Arena

Tuesday **June 14** — 6:30-7:30pm  
 Thursday **June 16** — 6:30-7:30pm  
 Friday **June 17** — 3:30-4:30pm

Tuesday **June 21** — 6:30-7:30pm  
 Thursday **June 23** — 6:40-7:45pm  
 Friday **June 24** — 3:30-4:30pm

**JULY** – IRA Civic Center

Monday **July 11** — 11:50-12:50pm  
 Tuesday **July 12** — 6:50-7:50am (Pwr Skt)  
 Thursday **July 14** — 11:50-12:50pm

Monday **July 18** — 11:50-12:50pm  
 Tuesday **July 19** — 6:50-7:50am (Pwr Skt)  
 Thursday **July 21** — 11:50-12:50pm

Monday **July 25** — 11:50-12:50pm  
 Tuesday **July 26** — 6:50-7:50am (Pwr Skt)  
 Thursday **July 28** — 11:50-12:50pm

**AUGUST** – IRA Civic Center

Tuesday **August 2** — 7:30-8:20am (Pwr Skt)  
 Tuesday **August 9** — 11:50-12:50pm  
 Tuesday **August 16** — 7:30-8:20am (Pwr Skt)

Questions?  
 Brad Hyduke 218-213-6338  
 bhyduke@isd318.org

Hockey-Specific Strength Sessions

June –

Tuesday 14<sup>th</sup> 10:15-11:00am  
 Tuesday 21<sup>st</sup> 10:15-11:00am  
 Tuesday 28<sup>th</sup> 10:15-11:00am

July –

Tuesday 5<sup>th</sup> 10:15-11:00am  
 Thursday 7<sup>th</sup> 10:15-11:00am  
 Tuesday 12<sup>th</sup> 10:15-11:00am  
 Thursday 14<sup>th</sup> 10:15-11:00am  
 Tuesday 19<sup>th</sup> 10:15-11:00am  
 Thursday 21<sup>st</sup> 10:15-11:00am  
 Tuesday 26<sup>th</sup> 10:15-11:00am



Center Fitness

August –

Tuesday 2<sup>nd</sup> 10:15-11:00am  
 Tuesday 9<sup>th</sup> 10:15-11:00am

Visit the Lightning online:

[www.grglighting.com](http://www.grglighting.com)

[twitter.com/grglighting](https://twitter.com/grglighting)

[facebook.com/grglighting](https://facebook.com/grglighting)



Player Name: \_\_\_\_\_

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

Parent Phone #: \_\_\_\_\_

Emergency Contact #: \_\_\_\_\_

Medical Insurance Co: \_\_\_\_\_

Policy #: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

***\*RELEASE OF LIABILITY:** I understand that participation and/ or observation of the sport of hockey constitutes a risk of serious injury, including permanent paralysis or death. I have read this waiver and knowingly recognize, accept, and assume the mentioned risk. I release all personnel of any liability for claims, accidents, injury or loss resulting from participation in the Lightning Booster Club sponsored hockey training.*

parent/ guardian signature: \_\_\_\_\_

date: \_\_\_\_\_

**COMPLETE WAIVER & MAKE CHECK c/o  
 LIGHTNING BOOSTER CLUB (LBC), MAIL TO:  
 35634 Johnson Lane Cohasset, MN 55721**