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2021 Eastview Lightning Summer Training Program

**Mission/Philosophy:**

The goal of STP at Eastview is designing and promoting hockey programs that advance the development of all players in the Eastview Hockey Program. We measure player development success in terms of each player’s development over the course of a single season, including improved individual hockey skills, positional play, hockey theory, off-ice training opportunities and team concepts/systems. Also, to continue to build the trust, continuity and consistency between all of our players and coaches at all levels and building philosophy off of hard-work, team-work, high compete and being tough to play against.

**Dates & Times:**

**High School I: (Mon-Wed-Fri) (Varsity Staff)**

(Returning Letterwinners, All other returning Juniors & Seniors)

**Mondays: 11:15am-12:45pm**

**Wednesdays & Fridays: 6:00-7:30am**

**June:** 14, 16, 18, 21, 23, 25, 28, 30

**July:** 2, 12, 14, 16, 19, 21, 23

**High School II: (Mon-Wed-Fri) (JV Staff)**

(Incoming bantams, U16, and Junior Gold, & 2nd Year Bantams)

**Mondays: 1:00pm-2:30pm**

**Wednesdays & Fridays: 7:45- 9:15am**

**June:** 14, 16, 18, 21, 23, 25, 28, 30

**July:** 2, 12, 14, 16, 19, 21, 23

**Where:** Eagan Civic Center

**Cost:** $400 (Includes a reversible 2021 STP Jersey)

**Coaching Staff:**

**Head Coach:** Aaron Fulton

**STP Coach/Varsity Assistant:** John Carroll

**STP Coach/Varsity Assistant:** Tim Hartung

**STP Coach/Goalie Coach:** Alex Wohl

**STP Coach/ JV Head Coach:** Stacy Nelson

**STP Coach/JV Assistant:** Keith Dahlen

**FORM & PAYMENT INFORMATION:**

**Eastview STP Payment and Registration (Payment Due By April 18th):**

**\_\_\_ Venmo (Label it -Eastview STP) Venmo Name: @Aaron-Fulton-1**

**\_\_\_ Payment By Check**

**Mailing Address: (Checks payable to Aaron Fulton)**

**11224 Zest Ct NE**

**Blaine, MN 55449**

**Registration Form: (You can also email the signed form to: aaron-fulton@hotmail.com)**

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

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

Home Phone Number: (\_\_ \_\_ \_\_)\_\_ \_\_ \_\_-\_\_ \_\_ \_\_ \_\_

Daytime Phone Number: (\_\_ \_\_ \_\_)\_\_ \_\_ \_\_-\_\_ \_\_ \_\_ \_\_

Player Cell Number: (\_\_ \_\_ \_\_)\_\_ \_\_ \_\_-\_\_ \_\_ \_\_ \_\_

Parent Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Player Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parental Consent Form:** The applicant agrees that Eastview STP coaches will not be held responsible for any accidents, injury, or loss of personal property, however caused, and agrees to release Eastview STP from any claims or damages which may arise as a result of such accident, injury or loss. We, the parents / guardians of the above enrolled applicant, agree to these terms and conditions and give consent to the players participation in the 2021Eastview STP.

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