



# BEN VANDERKLOK GOALTENDING SUMMER CAMPS

55 GOLDEN BLVD · WELLAND ON · L3B 1H5 PH: 615-767-6808

EM: [info@bvgoaltending.ca](mailto:info@bvgoaltending.ca) WEB: [www.bvgoaltending.ca](http://www.bvgoaltending.ca)

## 2022 SUMMER CAMP DATES!

### ELITE PROSPECTS

August 8<sup>th</sup>-12<sup>th</sup>

### SUPERIOR PROSPECTS

August 15<sup>th</sup>-19<sup>th</sup>

### COTK

August 15<sup>th</sup>-19<sup>th</sup> p.m

NHL Head Goaltending Coach of the Nashville Predators, Ben Vanderklok, and the Head Goaltending Coach of the OHL Niagara IceDogs, Jason Barron, are teamed up together to bring athletes the most elite summer camp instruction around. Both coaches will be on ice for all sessions

At Ben Vanderklok Goaltending we continually strive to evolve our program in order to provide our athletes with an opportunity to maximize their potential both on & off of the ice. Our program offers three weeks of camps with a curriculum that allows for each camp to provide greater detail on the intricacies of the position for the athlete at that age category to have more success. We look forward to providing each student with cutting edge material for them to further advance their game.

Each week will have the region's best staffing (3:1 goaltender/instructor ratio or better), 3 hours on the ice daily, off-ice conditioning, and classroom sessions daily. You will also receive a Ben Vanderklok Goaltending jersey, along with some product from our sponsors. We pride ourselves in teaching the modern fundamentals of today's game.

To SECURE your spot in our camps please complete the following:

Email us at [info@bvgoaltending.ca](mailto:info@bvgoaltending.ca) with

- 1) athlete's full name
- 2) birth year
- 3) desired camp
- 4) contact info

- A) Please note that this is a **TEMPORARY** hold until your registration package and deposit are received (**Deposits must be received by May 1st**) At that time, your spot in the camp is secured for August. **Balances for camp will be due July 1<sup>st</sup>**
- B) Complete all documents in the Registration Package; along with a **\$250.00 e-transfer deposit to: INFO@BVGOALTENDING.CA**

\*Deposits are due MAY 1, 2022. The balance of payment is due JULY 1, 2022. PLEASE NOTE, IF FULL PAYMENT IS NOT RECEIVED BY JULY 1<sup>ST</sup> YOU WILL BE REQUIRED TO RE-REGISTER.

If you have any questions, please email us at [info@bvgoaltending.ca](mailto:info@bvgoaltending.ca) call: 615-767-6808, web: [www.bvgoaltending.ca](http://www.bvgoaltending.ca)

We look forward to seeing you all back again this summer! Thank you.

## Ben Vanderklok

Goaltending Coach  
Nashville Predators



## 2022 SUMMER CAMPS AND DATES

### **ELITE PROSPECTS PROGRAM**

**Goaltenders Born in 2009 and younger (3 hours of ice daily)**

**DATE:** Monday August 8<sup>th</sup> – Friday August 12<sup>th</sup>

**TIME:** 8:00 AM – 3:00 PM

**PLACE:** Seymour Hannah Center in St.Catharines

**COST:** \$750 (all taxes included)

### **SUPERIOR PROSPECTS PROGRAM**

**Goaltenders Born in (A) 2008 & 2007 AND (B) 2006 - 2004 (3 hours of ice daily)**

**DATE:** Monday August 15<sup>th</sup> – Friday August 19<sup>th</sup>

**TIME:** 8:00 AM – 2:30 PM

**PLACE:** Seymour Hannah Center in St.Catharines

**COST:** \$775 (all taxes included)

### **CHILD OF THE KORN PROSPECTS CAMP**

**\*\*BY INVITATION\*\* Please contact us for more information**

Intended for Pro – Major Junior – University – U16 AAA – U18 AAA Level Goaltenders

**DATE:** Monday August 15<sup>th</sup> – Friday August 19<sup>th</sup>

**TIME:** 3:00 PM – 7:00 PM

**PLACE:** Seymour Hannah Center in St. Catharines

**COST:** \$1000 (all taxes included)

### **REFUND POLICY:**

Your \$250 deposit is non-refundable and non-transferable. **All other fees will be refunded up to 1 weeks (7 days) prior to the day camp begins with a written Doctors medical note.** After that point 80 % of the "other fees" will be refunded with notification prior to the day camp begins.

**\*\*There is no refund of any of these fees if a goaltender should drop out of the camp due to injury, illness, or for any other reason the day camp begins and after. Should the goaltender be asked to leave the camp by the director because of improper conduct, etc., no refund will be made.**



# BEN VANDERKLOK GOALTENDING SUMMER CAMPS

55 GOLDEN BLVD · WELLAND ON · L3B 1H5

PH: 615-767-6808 EM:[info@bvgoaltending.ca](mailto:info@bvgoaltending.ca) WEB: [www.bvgoaltending.ca](http://www.bvgoaltending.ca)

ATHLETES FULL NAME: \_\_\_\_\_

PARENTS/GAURDIANS NAMES: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ GENDER: \_\_\_\_\_ YEARS EXPERIENCE: \_\_\_\_\_  
mm dd year

2021/2022 LEVEL OF PLAY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
# street name city prov/state postal/zip

PARENTS EMAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL/WORK: \_\_\_\_\_

*\*Please indicate preferred contact number*

SELECT DESIRED CAMP:

<input type="radio"/> <b>ELITE PROSPECTS</b> Goaltenders Born in 2009 and younger <b>DATE:</b> August 8 <sup>th</sup> – August 12 <sup>th</sup> <b>TIME:</b> 8:00 AM – 3:00 PM <b>PLACE:</b> Seymour Hannah Center in St.Catharines <b>COST:</b> \$750 (all taxes included)	<input type="radio"/> <b>SUPERIOR PROSPECTS</b> Goaltenders Born in (A) 2008 & 2007 AND (B) 2006 -2004 <b>DATE:</b> August 15 <sup>th</sup> – August 19 <sup>th</sup> <b>TIME:</b> 8:00 AM – 2:30 PM <b>PLACE:</b> Seymour Hannah Center in St.Catharines <b>COST:</b> \$775 (all taxes included)	<input type="radio"/> <b>COTK PROSPECTS</b> <b>**BY INVITATION**</b> Contact us for more information <b>DATE:</b> August 15 <sup>th</sup> – August 19 <sup>th</sup> <b>TIME:</b> 3:00 PM – 7:00 PM <b>PLACE:</b> Seymour Hannah Center in St.Catharines <b>COST:</b> \$1000 (all taxes included)
---	---	--

Complete all documents in the Registration Package; along with a **\$250.00 e-transfer deposit to: [info@bvgoaltending.ca](mailto:info@bvgoaltending.ca)**

\*Deposits are due May 1, 2022. The balance of payment is due July 1, 2022. PLEASE NOTE, IF FULL PAYMENT IS NOT RECEIVED BY July 1<sup>ST</sup> YOU WILL BE REQUIRED TO RE-REGISTER.

### REFUND POLICY:

*Your \$250 deposit is non-refundable and non-transferable. All other fees will be refunded up to 1 week (7 days) prior to the day camp begins with a written Doctors medical note. After that point 80 % of the "other fees" will be refunded with notification prior to the day camp begins.*

*\*\*There is no refund of any of these fees if a goaltender should drop out of the camp due to injury, illness, or for any other reason the day camp begins and after. Should the goaltender be asked to leave the camp by the director because of improper conduct, etc., no refund will be made.*

\_\_\_\_\_ PARENT/GAURDIAN INITIAL

PARENTS/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\*CAMP ITINIERARIES WILL BE EMAILED OUT PRIOR TO CAMP. PLEASE BE SURE TO LEAVE AN UP-TO-DATE EMAIL ADDRESS\*\***



# 2022 MEDICAL TREATMENT AUTHORIZATION

PLEASE MAIL WITH YOUR REGISTRATION FORM

Please complete this entire form, as it is necessary to ensure proper medical care for each athlete. When older participants are seen for minor illness or injuries, they are encouraged to inform their parents themselves. However, with younger athletes in almost every instance or with older participants with more serious problems, the physician or staff will contact parents to inform them of the problem and discuss treatment. Occasionally, we are unable to reach parents immediately. The parent's signature on this medical treatment authorization form allows for treatment in these circumstances.

CAMP PROGRAM(S) ATTENDING: \_\_\_\_\_

## PERSONAL INFORMATION

ATHLETE FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ GENDER: \_\_\_\_\_  
mm dd year

ADDRESS: \_\_\_\_\_  
# street name city prov/state postal/zip

PARENTS EMAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL/WORK: \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY: (name of parent or contact and relationship): \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

HEALTH CARD NUMBER: \_\_\_\_\_

ALTERNATE CONTACT:

(name of contact and relationship): \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

## MEDICAL BACKGROUND:

Please provide any pertinent information regarding your child's current medical health, past history, and/or medications taken that may help us better coach your child and can assist medical staff should an emergency occur. Your information will be kept confidential.

If no medical current conditions are known, please initial: \_\_\_\_\_ (PARENT/GAURDIAN INITIAL)

LIST ANY MEDICATIONS BEING TAKEN AND INCLUDE DOSE AND FREQUENCY.

HAVE YOU EVER HAD ANY OF THE FOLLOWING: (PLEASE CHECK)

- Asthma     Epilepsy     Diabetes     Bleeding disorder     Heart condition

ALLERGIES: \_\_\_\_\_

INSURANCE INFORMATION: Outside of Canada – Please attach Primary Medical Insurance / Dental Insurance information.



## 2022 MEDICAL TREATMENT AUTHORIZATION AND LIABILITY RELEASE FORM

I, the undersigned \_\_\_\_\_ acknowledge that I am the parent or guardian of \_\_\_\_\_, and do hereby grant my permission for my athlete to attend a Ben Vanderklok Goaltending Camp, and to actively and fully participate in all activities thereof. In the event of an injury or illness during these activities, my signature indicates that I agree to allow medical treatment even if I cannot be contacted, and authorize Ben Vanderklok Goaltending and/or the local hospital to provide the needed medical treatment they deem necessary. I hereby release Ben Vanderklok and all members of the program's staff, the host ice facility and its staff, the local hospital and their doctors, agents, employees, and representatives, and all officers of Ben Vanderklok Goaltending from any and all claims and liability arising in any way out of its exercise of this authority. I understand and agree that all bills for any medical/dental care and treatment will be forwarded to me, or my insurance company, and that it will be my responsibility to see that such bills are paid.

I further acknowledge, understand, and agree that in participating in this activity there is a possibility of physical illness or injury and that I, as parent or guardian of my athlete, am assuming the risk of such injury by their participation and release Ben Vanderklok, the program's staff, the Host Ice Rink and its staff, and all affiliated with or participating in the Ben Vanderklok Goaltending Camps, from all liability, claims, obligations or responsibility for personal property losses, accidents or injuries of any kind. I understand the inherent risks of the training process for being an athlete and recognize that the program is strenuous. I understand the activities that are carried out during the camp. I understand that full, legal equipment is to be worn properly at all times on ice or on the bench. I know that this camp is NOT affiliated with the Nashville Predators. I further authorize the program staff to administer non-prescription analgesics for minor medical problems such as headaches, etc. unless I have requested otherwise.

### **\*\*Covid-19 Acknowledgement\*\***

**Covid- 19 has been declared as a worldwide pandemic by the World Health Organization. Ben Vanderklok Goaltending has put measures in place with our staff to help reduce the spread of Covid-19; however, Ben Vanderklok Goaltending and staff cannot guarantee that your child(ren) will not become infected with Covid-19. Further, attending any BVG sessions could increase your risk and your child(ren) risk of contracting Covid -19. Understanding and signing this acknowledges that you are participating in activities at your own risk and Ben Vanderklok Goaltending cannot be held liable.**

Parent / guardian signature and relationship: \_\_\_\_\_

Athlete signature: \_\_\_\_\_

Date: \_\_\_\_\_