

**The Sturgeon Lake Minor Hockey Association   
Skills Development Program**

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**All,**

**Firstly, welcome to another year of Thunder Hockey.**

“As the masthead of Sturgeon Lake Minor Hockey reads . . . **”We build Character, We build Friendships and we build Skills”,** the executive of the SLMHA have established relationships with The Weaver Camp (Sean Weaver) to ensure that our members continue to enhance their skills, which in turn will enhance the success of our program and our organization.

These sessions and ice times will be in excess of your normal game and practice schedule and will focus on General Skating and Skill Development, Specific Training for Goalies, Defensive and Offensive Strategies, Shooting and much more. These sessions will aide those players that wish to improve their individual skillset.

The Program will be subsidized by the Association as a re-investment into the existing, new and future membership to ensure we can provide a competitive and enjoyable environment “at all levels” for years to come. We, as the executive, understand that some of our members might view this as another incremental cost to the overall costs of playing Sturgeon Lake Minor Hockey. However, we must stress that this is a **NOMINAL INCREASE AT A FRACTION OF THE COST** in relation to the value received through the instructors we have chosen.

**The Skills Development program is OPTIONAL for all U9-U16 players and U9 and above goalies.** The 1 hour skills sessions will be Sunday mornings in Bobcaygeon. The plan is to limit to 24 skaters/session (no limits for goalies) with 8-12 dates per group. **The cost will be $300 for players and $200 for goalies, must be paid in full, first served.**

**Please return this form to** [**development@sturgeonthunderhockey.ca**](mailto:development@sturgeonthinderhickey.ca) **before October 1st, ‘25.**

| **Player First Name:** |  | **Player Last Name:** |  |
| --- | --- | --- | --- |
| **Player’s age division:** (ie: U11) |  | **Level:** (ie: Rep/TC) |  |

| **X** | **Please mark the following with an “X”** |
| --- | --- |
|  | My Son/Daughter WANTS to participate in the Skills Program and I have enclosed a cheque for $300.00 (player) or $200 (goalie) payable to SLMHA. |
|  | My Son/Daughter WANTS to participate in the Skills Program and I have e-transferred $300.00 (player) or $200 (goalie) to SLMHA (treasurer@sturgeonthunderhockey.ca). Date of transaction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

| By signing below I/we agree to have our son/daughter participate in the Skills Program. | |
| --- | --- |
| **Parent/Guardian Signature:** |  |
| **Date:** |  |

**The Program Calendar and groups will be available on the website by October 8th.**