

Cindy Sokolis

- Professional since 1984
- 30 years of coaching experience
- Discipline in Power Skating/Edges, Speed & Agility
- Rated USA Hockey Level 4 ISI Hockey 5
- PSA Hockey I & II, SG, RFS



Phil Gilchrist

Phil's focus is to bridge the gap between Science and Exercise Performance.

- University of Tampa B.S. Exercise Science
- University of Tampa Ice Hockey Team
- University of Tampa Strength and Conditioning Coach
- Tampa Bay Lightning Personal Trainer

A PLUS HOCKEY CAMPS

www.APlusHockey.com

APlusHockeyCamp@gmail.com 941-284-4016 Coach Cindy

813-598-9746 Coach Nikita

2024 Summer Camp Info

TGH Ice Plex

10222 Elizabeth Place Tampa, Fl 33619

Dates: June 17th - 21st, 2024

Group A 8:30a -10:30a Group B 1:30p - 3:30p Registration Deadline - June 1

Summer Camp Schedule			
Dates	Time	Location	
Group A	8:30 - 10:30	TGH Ice Plex	
Group B	3:30 - 3:30	TGH Ice Plex	

Camp Sessions Include:

On ice training

Agility, power skating, passing, puck control, shooting, stick handling, and scrimmage



Pay Online with Venmo





2024 Summer Camp at TGH Ice Plex

Dates: June 17th - 21st, 2024

Times:

Group A Mites and Squirts: 8:30-10:30AM Group B Pee Wee - High School 1:30-3:30PM





Register Online Now

A PLUS HOCKEY CAMP



Nikita Alexeev

- 1997 World Championship
- 2000-2007 NHL
- 2007-2013 KHL
- 2 Gagarin Cups in KHL





2024 Summer Camp REGISTRATION FORM

Please print clearly

Name			
Address			
City	State Zip		
Cell ()_			
Email			
Age	Male/Female		
Circle Level: A. AA AAA Rec Travel			
Circle Jersey Size			
YS/YM YL/XL AS AM AL AXL			
Select Camp - Dates: June 17th-21st			
Group A	8:30-10:30 (5 days)		
Circle Level:	Mites Squirts		
Cost: Per Player:	\$420 USD before June 1st		
Group B	1:30-3:30 (5 days)		
Circle Level:	PeeWee, Bantam, High School		
Cost: Per Player:	\$420 USD before June 1st		

ADDITIONAL INFORMATION

- Full hockey equipment is required.
- Print your name on front of helmet
- Bring water bottle

Information Letter will be emailed to you upon Registration

Liability waiver-release/Consent to Treat (MUST BE SUBMITTED WITH REGISTRATION)

I agree that I shall provide health insurance to cover any personal injury and property damage sustained by the student while participating in any activities or while on the premises of the A Plus Hockey Camp. The undersigned assumes all responsibilities for any and all risks for, damage or injury that may occur to the registering student, including practices, games, skills sessions, any on or off ice programs. The undersigned hereby releases A Plus Hockey, its operation and employees, instructors, and other players from all claims, demands. I give permission to have my child examined and treated by a qualified medical professional if he or she becomes injured in my absence. Any photos taken during the camp will become the property of A plus Hockey, and may be used for any future promotional or advertisements.

Signature of legal guardian			
Date			
Check Number#			

PAYMENTS ACCEPTED

Venmo: @nikita-alekseev-1
Cash/Check to: A Plus Hockey Camp

SEND FORM & CHECKS TO:

APlusHockey
6616 Providence Road
Riverview, FL 33578
APlusHockeyCamp@gmail.com

REFUND POLICY

There will be no refunds for cancellations unless a medical note is given. A \$100.00 administration fee will be deducted.