

## 2024 PRESEASON GROUP TRAINING

**PRESEASON HOCKEY**

September 16-November 1 High School (7 weeks)

September 17 -October 17 Bantams (5 weeks)

**Open to:** Members & Non-Members | **Cost:** HS: \$175.00 Bantams: \$125.00

### Trainer Contact Information:

Chris Langei | Phone: 218-779-7705 | Email: clangei@choicehf.com

### What is Preseason Group Training?

The goals of the pre-season strength and conditioning phase for hockey are

1. To help prepare the players for the demands of tryouts and regular season
2. To bridge the gap between the off-season and in-season strength and conditioning phases.
3. Provide participants with (2) structured training days and (2) days of workout on their own. (schedule permitting if in a fall sport)

### Workouts will include:

- Dynamic warm-up and hip mobility for injury prevention and movement efficiency
- Agility and power for increased speed and quicker change of direction
- Strength training to gain acceleration and better balance
- Cardio to improve the ability to give more and be energized throughout the whole game

Bantams: Tuesday & Friday 6:30am - 7:15am Altru Performance Center (9/17/24-10/18/24)  
High School Boys: Monday & Thursday 6:30am - 7:15am Altru Performance Center (9/16/24-11/1/24)

\* Participants will receive an upper body and agility workout to do on their own. This will be dependent on their fall activity schedule. Training will be at Altru Performance Center

## CHOICE PERFORMANCE ENHANCEMENT | High School & Bantam 2024 Preseason Hockey Training

Name: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Gender: M F  
Parent Name(s): \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Parent Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone # (work, mobile, etc.) (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

*I hereby acknowledge the health of my child, listed above, to be ready for vigorous activity and authorize the directors to secure any emergency treatment deemed necessary, and that I hereby release the Grand Forks Park District, Choice Health & Fitness and all employees, executors, and heirs from all claims for injuries, which may be sustained by my child while attending this program. I also understand that any medical bills incurred by my child due to injuries will be my responsibility or the responsibility of my family health insurance plan.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (Must sign before child can participate in program)

**Trainer will fill in the group, day, time, and location your son would like to participate in**

Bantams:	Tuesday & Friday	6:30am - 7:15am	\$125.00	_____
High School Boys:	Monday & Thursday	6:30am-7:15am	\$175.00	_____