

# FUTURE MAVS SPRING SESSIONS

Brought To You By The Missouri Mavericks



Richard Matvichuk  
Missouri Mavericks  
Head Coach



Simon Watson  
Missouri Mavericks  
Assistant Coach

**April 15 - May 27**

13 Ice Sessions  
Practices Twice A Week  
**High Tempo Skill Development**

The Elite Spring Sessions are designed for the committed hockey player looking to reach their maximum potential in an elite hockey atmosphere. Each practice includes highly qualified and motivated coaches who are dedicated to getting the most out of every participant in all areas of skill development. Each practice will be set at a high tempo and is intended for travel level hockey players



## COACHING LINEUP

Richard Matvichuk - Missouri Mavericks Head Coach  
Simon Watson - Missouri Mavericks Assistant Coach  
Brandon Schultz - Jr Mavs Coaching Director  
Chris Johnston - Jr Mavs Squirt Travel Head Coach  
& Current Missouri Mavericks Players



**INDEPENDENCE  
EVENTS ★ CENTER**

## Sessions Days and Times

**Squirt/Peewee: Monday & Wednesday @ 6:00PM**  
**Bantam/Midget: Monday & Wednesday @ 7:10PM**

**\$250**

PARTICIPANTS NAME: \_\_\_\_\_

2014/2015 TEAM: \_\_\_\_\_

AGE DIVISION: \_\_\_\_\_

PARENTS NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ SECONDARY PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### Terms & Conditions/Waiver Release of Liability

Each person ("Participant") using Independence Events Center assumes all risk of personal injury, which may result from participation in all activities conducted at the Independence Events Center. The Participant will not hold Independence Events Center or Missouri Mavericks or Russell Stover Hockey or any of its officials, staff, owners, or the proprietor, liable for injury, which the Participant may sustain while participating in any activities, conducted at the Independence Events Center. The participant understands and agrees that the sport of ice hockey, ice-skating and all on-ice activities has physical dangers, which may result in serious injury or death. The Participant is advised to carry medical insurance. The Participant certifies that he/she has no known medical condition, which would prohibit him/her from playing the sport of ice hockey or ice-skating.

PARENTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\*Cash or Check Only Please. Make Checks Payable To "Missouri Mavericks". Drop Off Payment at Community Ice Offices\*\***  
Mail Payments To: Missouri Mavericks, 19100 E. Valley View Parkway, Independence, MO 64055