Camp Coaching Staff

Troy Mick *President/General Manager*

Troy is entering his 6th year with the Salmon Arm Silverbacks and is currently President/General Manager. He is no stranger to Junior Hockey. He has won 2 Jr "A" National Championships and 1 Jr "B" Western Canadian championship. Troy began his junior career in the BCHL at 14, prior to playing 4 years in the WHL for the Portland Winter Hawks and Regina Pats. He amassed 466 points in 267 games and was drafted & signed by the Pittsburgh Penguins.

Misko Antisin *Head Coach*

Misko is entering his 2nd season as Backs head coach after previously serving as an Assistant Coach the last 2 years prior. Antisin playing career was mainly over in Switzerland for an 18-year career in professional hockey. During those years he captured 3 championships with 3 different clubs and as a free agent, he then signed with the Boston Bruins for two training camps in 1984 & 1985.

Brooks Christensen *Assistant Coach*

Brooks is entering his 3rd year as Assistant Coach with the Salmon Arm Silverbacks. Brooks is no stranger to Jr hockey as he was a prolific goal scorer in the KIJHL. In 189 game split between Princeton & Revelstoke he amassed 62 goals 110 assists for a total of 172 points to go along with 274 PIMS. He is very passionate about our team and community and he will oversee our team's video and analytics as well as helping out with skill development.

Darryl Hay *Assistant Coach*

Darrell is going into his 2nd year with the Backs. Hay, 36, is from Kamloops, BC. A defenceman, he played four seasons (1996-2000) with the WHL's Tri-City Americans before going on to a 16-year pro career. Darrell just completed his 1st season as an assistant coach with the Backs.

Salmon Arm Silverbacks Junior A Hockey Club
2600 - 10th Avenue NE, Salmon Arm, BC V1E 2S4
P. 250.832.3856 ext 109
F. 250.832.3812

Corporate Accommodations

Prestige HOTELS & RESORTS — 1.877.737.8443

Comfort INN — 250.832.7711

Podollan INNS • SUITES • REZ • SPAS — 1.888.668.4180

Corporate Restaurants

Boston Pizza

Barley Station Brew Pub

Your Home Diner Since 1963 — Home Restaurant

Wendy's Old Fashioned Hamburgers

Always Tim Hortons Fresh

Subway eat fresh.

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Salmon Arm Silverbacks

Junior 'A' Hockey Club

2017 Spring Evaluation Camps

Salmon Arm, BC
April 28th - 30th

Monument, Colorado
May 12th - 14th

Lakewood, California
May 19th - 21st

BCHL — RMJHL 20U

Birth Years accepted: 1997-2002

www.sasilverbacks.com
www.steamboatwranglers.com

Camp Information

Salmon Arm, BC – April 28th - April 30th

Arena: Shaw Centre
Contact: Troy Mick
Ph: 250-938-5459
Email: gm@sasilverbacks.com
Cost: Players $225 Goalies $250
Format: Fitness Testing, 2 Goalie Sessions, BCHL Symposium, 5 Games, Top Prospects Game

Monument, Colorado - May 12th - May 14th

Arena: Monument Ice Rinks, 16240 Old Denver Hwy, Monument, CO 80132
Website: www.monumenticerinks.com
Contact: Jeff Perreault 720-277-2875 bosthock@aol.com &
Corey Allen acsteamboat@gmail.com 907-830-3184
Cost: Players $275 Goalies $300 - USD
Format: Fitness Testing, BCHL Symposium, 1 Practice, 4 Games, Top Prospects Game
** Format subject to change depending on number of teams**

Lakewood, California – May 19th - May 21st

Arena: The Rinks - Lakewood ICE
Website: www.lakewoodice.com
Contact: Tyler Maxwell 310-722-8858
Email: maxwellhockeycamp@yahoo.com
Cost: Players $275 Goalies $300 - USD
Format: Fitness Testing, BCHL Symposium, 1 Practice, 4 Games, Top Prospects Game
** Format subject to change depending on number of teams**

There will be other Jr Clubs in attendance at all camps
KIJHL • U-18 • U-16 • VIJHL • PJHL • RMJHL

Junior Hockey Symposium

Want to know about playing Junior Hockey in the Canada?

This is your chance to hear all about it during the BCHL Symposium **PARENTS ARE URGED TO ATTEND** to find out everything from carding, eligibility, schooling, medical and more…. You will leave this meeting with a full understanding of your options to play in the BCHL.

Waiver

In consideration of being allowed to participate in any way in the Silverbacks Hockey Camps, related events and activities, the understood acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline will reduce this risk, the risk of serious injury does exist; and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown. EVEN ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and assume full responsibility for my participation; and
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such attention to the nearest official immediately; and
4. I, for myself and on behalf of my heirs, assigns, personal representative and next of kin, HEREBY RELEASE AND HOLD HARMLESS the SilverBacks Hockey Club, their officers, officials, agents and all employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable owners and leaser of premises used to conduct the event (Releases). WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASES OR OTHERWISE.

I have read this release of liability and assumption of risk agreement, fully understanding its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without inducement.

Participant's Signature:_____

Date Signed:_____

Witness:_____

FOR PARTICIPANTS OF MINORITY AGE (18 and under)
(Under Age is at time of registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his release as provided above, of all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

Emergency Telephone:_____

Parent/Guardian Signature:_____

Medical #:_____

Witness:_____

Application

Spring Evaluation Camp

Please Print Clearly

Camp Attending _____

T-shirt Size _____

Name:_____

Address:_____

City:_____ Province/State: _____

Postal Code:_____

DOB:___ /___ /___ Height:_____ Weight:_____
Shoot: *RH* or *LH*

Phone: (_____)_____

Main Email Contact: _____

Position: Defense / Forward / Goal
Level Played: Bantam / Midget / Junior

Last team played for _____

NO REFUNDS!

Payment must accompany application

Payment: $ _____

☐ VISA ☐ MC ☐ MONEY ORDER ☐ CHEQUE

Credit Card #: _____

Expiry Date: _____

Name of Card holder: _____

Fax application to: (250) 832-3812
or email to: gm@sasilverbacks.com
Application online at www.sasilverbacks.com
For more information e-mail: gm@sasilverbacks.com