

Goalie Clinic Program Features

- ◆ One hour of on ice instruction per night.
- ◆ Pre & post game stretching and mental preparation.
- ◆ Proper equipment and care.
- ◆ Correct positioning and stances.
- ◆ Basic and advanced goalie movement.
- ◆ On ice & off ice drills.
- ◆ How to handle:
 - Rebounds
 - Screens
 - Wraparounds



Cancellation & Credit

NO REFUNDS OR CREDITS
WILL BE ISSUED FOR THIS
HATFIELD ICE PROGRAM



Come Play in Our World!

Hatfield Ice
350 County Line Rd.
Colmar, PA 18915
215-997-9797
www.hatfieldice.com

2019 Summer GOALIE CLINIC With Coach Larry Paul



Wednesdays
July 10th, 17th, 31st
& August 7th

7:20pm - 8:20pm

Hatfield Ice
350 County Line Road
Colmar, PA 18915
215-997-9797
www.hatfieldice.com

INSTRUCTOR

Coach Larry Paul

- ◆ 20 Years of Coaching Experience up to AAA High School Level
- ◆ Archbishop Wood Ice Hockey
- ◆ Level 3 USA Hockey Coaches Certification
- ◆ Has Run Private Goalie Clinics for 10 years
- ◆ Goalie Training Instructor at Hockey Heaven

Clinic Details

This clinic will run for four nights and is designed to help goaltenders of all abilities.

The clinic will emphasize preparation, positioning, movement, & on/off ice training.

Dates/Time

Dates: July 10th, 17th, 31st
& August 7th

** No Class on 7/24 **

Time: 7:20PM - 8:20 PM

Limit: 10 Goalies

Cost: \$80 for all 4 Classes
** \$25 Per Single Class if space is available **

ONLINE REGISTRATION

You may register for this program on our website. Please go to www.hatfieldice.com and click ONLINE REGISTRATION on our homepage.



2019 Summer Goalie Clinic

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____

E-mail: _____

Any Medical Problems: _____

Date of Birth: _____ Age: _____

Current Team & Level: _____

Years Playing Experience: _____

MEDICAL RELEASE FORM

I hereby authorize Hatfield Ice to make any and all decisions regarding the emergency treatment (based upon recommendation of a licensed physician)

Name: _____

And sign the necessary hospital form in order to obtain prompt release. In case of an emergency, I can be reached at the following phone number:

Phone Number _____

Player's Signature _____

Cancellation & Credit Policy

NO REFUNDS OR CREDITS WILL BE ISSUED FOR THIS HATFIELD ICE PROGRAM.

Make Checks payable to: HATFIELD ICE

IN consideration of the participant being permitted to register and participate in this Hockey League at Hatfield Ice, we do hereby forever release and discharge its Directors, Agents, Employees and person or corporation or partnership connected herewith from all manner of action, injury, damage, claims, or demands which will, shall or may hereafter have, suffer or receive by reason of such participation in any program at Hatfield Ice World. This release shall be binding on our heirs, assigns, executors and administrators. It is further agreed that Ice World shall not be considered to guarantee or warrant such equipment as may be used in conducting said programs.

All applications require participant signature.

Signature _____ Date _____