

## 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 Policy

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

Come Play in Our World!



[www.hatfieldice.com](http://www.hatfieldice.com)

**Hatfield Ice**  
350 County Line Rd.  
Colmar, PA 18915  
215-997-9797

## 2023 August GOALIE CLINIC With **Coach Larry Paul**



**Wednesdays  
August 2nd, 9th,  
16th & 23rd**

**7:20pm - 8:20pm**

Hatfield Ice  
350 County Line Road  
Colmar, PA 18915  
215-997-9797  
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## Instructor

### **Coach Larry Paul**

- ♦ 20 Years of Coaching Experience up to AAA High School Level
- ♦ Level 3 USA Hockey Coaches Certification
- ♦ Has Run Private Goalie Clinics for 15+ 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:** August 2nd, 9th,  
16th & 23rd

**Time:** 7:20PM - 8:20 PM

**Limit:** 15 Goalies

**Cost:** \$90 for all 4 Classes  
*\$30 Per Single Class\**

*\* Single Class signups depend on availability*

## Online Registration

You may register for this program on our website. Please go to [www.hatfieldice.com](http://www.hatfieldice.com) and click ONLINE BOOKING on our homepage.



## 2023 August 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 \_\_\_\_\_

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**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 \_\_\_\_\_