

Clinic Details

These sessions will run for 4 nights and are designed to help goaltenders of all abilities.

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



Cancellation & Credit Policy

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

2025
GOALIE CLINICS
With

**Coach
Larry Paul**



**Spring & Summer Sessions
Wednesday Nights**

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

Instructor

Coach Larry Paul

- 20+ Years of Coaching Experience
- USA Hockey Certified Coaches
- Has Run Private Goalie Clinics for over 15+ years
- Goalie Training Instructor at Hockey Heaven Mini Rink

Goalie Clinic Program Details

- One hour of on ice instruction per night.
- Proper equipment and care.
- Correct positioning and stance.
- Basic and advanced goalie movement.
- On ice & off ice drills.
- How to handle:
 - Rebounds
 - Screens
 - Wraparounds

Program Details

Monthly Sessions

May 7th, 14th, 21st & 28th
June 4th, 11th, 18th & 25th
July 9th, 16th, 23rd & 30th
August 6th, 13th, 20th & 27th

Time: 7:10pm - 8:10pm
(5/21, 7:20pm - 8:20pm)

Limit: 15 Goalies

Cost: \$95 Per Session *(4 Classes)*
\$30 Per Single Class*

** Single Class signups depend on availability**

Note: There is 3% fee on Credit Card Transactions. Fee does not apply to cash or check transactions.

Online Registration

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



2025 Goalie Clinics

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). 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:

Player's Signature _____

Circle the Clinic Session(s) you want to register for below:

May Clinic

June Clinic

July Clinic

August Clinic

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