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.

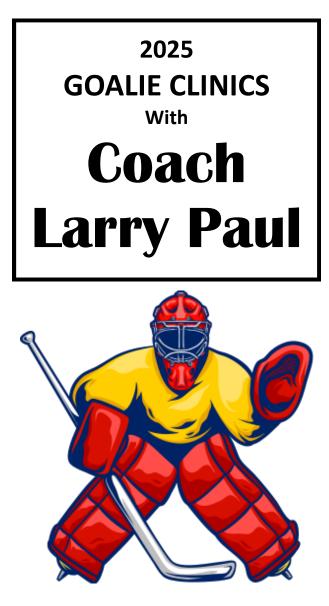


Cancellation & Credit Policy

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



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 <u>www.hatfieldice.com</u> and click ONLINE BOOKING on our homepage.



2025 Goalie Clinics

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

All applications require participant signature.