

Goalie Skills Clinic

“Only a goalie can appreciate what a goalie goes through” – Jaques Plante

DETAIL

CO-ED AGES 6 – 18

- 10 WEEKS April 19th – June 28th
(no session 5/31)
- Mondays @5:10 pm – 6:10pm
- COST \$175 PER PLAYER pre-registered, \$25 walk on
- Limited to 20 participants

Director:

Ben Adams, Currently the Head coach for the CCSU Collegiate Club Ice Hockey Team. Previously Ben has coached at the NCAA D1 level with AIC and other junior and youth organization throughout the United States. He played goalie for various select international teams, and professionally in Australia. He has also been involved with various goaltending camps through New England. He has also been involved with youth hockey for more than 10 years.

*Other Goalie coaches will assist

All Sessions will incorporate stations to maximize time and repetitions. All sessions will focus on

- ❖ *Angles*
- ❖ *Positioning*
- ❖ *Movement*
- ❖ *Balance*
- ❖ *Coordination*
- ❖ *Technique*
- ❖ *Hand eye coordination*
- ❖ *Playing the Puck*
- ❖ *Situational Drills*

Eligible Participants

Boys and Girls: 6 to 18 Years Old
Beginner – Experienced

Full Equipment required

For More Information contact Ben Adams

adams.ben5@gmail.com or 860-651-5400 or 443-629-7765

Mail Registration To:

ISCC
PO BOX 577
Simsbury, CT 06070
Goalie Skills Clinic
Spring / Summer 2010

Name: _____
Address: _____

Email: _____
Home Phone: _____
Parent's Cell Phone: _____
Team _____
DOB _____
Current / Previous Team _____

Athletic Waiver & Release of Liability

- In consideration of being allowed to participate in any way in the ISCC athletic/sports/camp programs, related events and activities, the undersigned acknowledges and agrees that:
1. The risk of injury from the activities involved in this program is significant, including but not limited to the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce the risk, the risk of serious injury does exist: and
 2. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during presence or participation, I will remove myself (him/her) from participation and bring such to the attention of the nearest official immediately: and
 3. I for myself (him/her) if and on behalf of my heirs, assign personal representatives and next of kin, hereby release and behold harmless the International skating center, affiliate organizations, managing partners, its General Manager, Program Director, Instructors, Officials, Agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers and, if applicable, owners and lessors of premises used to conduct the camp/event/game, and all of their successors and assigns, ("Releases") with respect to any and all injury, disability, death or loss or damage to person or property. This is to certify that I have read and do consent and agree to this release of liability and assumption of risk agreement and fully understand its terms, I further understand that I have given up substantial rights by signing this form and hereby sign it freely, voluntarily and without inducement.

Print
Name: _____ Date: _____

Participant signature: _____

Please make checks payable to ISCC

Registration will be processed on a first come first served basis.

Credit Card # _____ Expiration Date _____ Sec Code _____ (no charges until day1)

Check _____ Check # _____

Cash _____

Date Received _____

For More Information contact Ben Adams
adams.ben5@gmail.com or 860-651-5400 or 443-629-7765