



HOCKEY CLINIC

SPRING/SUMMER 2012

~ THURSDAY NIGHTS: May 3-August 16, 2012 (15 weeks) ~

No class on July 5, 2012

RI Sports Center — (Rte. 146) North Smithfield, RI

RI Hockey Development is offering an overall hockey skills clinic designed to improve skating technique, stick handling, passing, shooting, battling and small area game awareness. Directed by Justin Laverdiere, this clinic will focus on overall player development. Beginner hockey players are welcomed to attend the first hour (provided they can skate on their own), full equipment is required. The 6:00pm, 7:00pm and 8:00pm sessions are for players with a minimum of three years playing experience and each player must skate in their appropriate session. Coaches may adjust players into specific groups, if needed, based on ability. **A weekly strength and conditioning program can be added in conjunction with this clinic through MJP Strength & Conditioning. If interested, contact: mike@mjpstrengthandconditioning.com.**

~ Goalie instruction will also be offered ~

| <u>Session time</u> | <u>Description</u> |
|---------------------|--|
| 5:00 p.m. | Learn to play/beginner skills (3 years or less playing experience) |
| 6:00 p.m. | Mite/Squirt; '05 - '03 birth year |
| 7:00 p.m. | Squirt/Peewee; '02 - '00 birth year |
| 8:00 p.m. | Bantam & older; '99 through High School |

~ Limited enrollment for all sessions ~

~ \$250 payment due in full with application ~

~ Walk-ons are available weekly for \$20 per session (space permitting) ~

Please make checks payable and mail to: RI Hockey Development, P.O. Box 7725 Cumberland, RI 02864

Name: _____ Date of Birth: _____

Address: _____ City/Town: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Release of Liability/Acknowledgment of Risk:

In conjunction with my son or daughter's participation in events sponsored by the Rhode Island Hockey Development ("the Company") I understand that participation in or observation of ice hockey may result in serious injury including permanent paralysis or death. I recognize and assume this risk and understand and agree that neither the company nor any of its officers, directors, shareholders, employees, agents, coaches or referees shall be responsible for any accidents, injury (including paralysis and/or death), loss of equipment or any other costs, expenses, damages or losses in connection with such participation. I hereby represent to the Company that my son or daughter is in good health and is fully able to participate in the rigorous physical activity of the Company sponsored ice hockey program. In the event of injury or illness, the Company has my permission to provide, or make arrangements for the provisions of, emergency first aid.

Parent/Guardian Signature

Date

For additional information, please log on to www.rihockeydevelopment.com.