

2017/18 HOCKEY POWERSKATING CLINIC

With World Level Coaches Lynne Leger &
Konstantin Kaplan

Looking to GAIN SPEED, ENDURANCE, POWER & STRENGTH?

Lynne & Konstantin teach **PROPER**: Technique, Form, Knee/Ankle Bends & Body Position

Players will **DEVELOP** their: Balance, Edge Control, Agility, Rhythm, Timing & Overall Quickness

Sundays – 10:00 – 10:45am (Full Equipment Required)

Session 1 – Sept 17, 24, Oct 1, 8, 15, 22 (6wk)

Session 2 – Oct 29, Nov 5, 12, 19, Dec 3, 10, 17 (7wk)

Session 3 – Jan 7, 14, 21, 28, Feb 4, 11, 18, 25 (8wk)

Session 4 – March 4, 11 18, 25, April 8, 15, 22, 29 (8wk)

Session 5 – May 6, 13, 20, June 3, 10, 17, 24, July 1 (8wk)

Fee: \$180.00 for 6 Weeks / \$210.00 for 7 Weeks / \$240.00 for 8 Weeks / \$35.00 per clinic to Walk On

(Due to competition, classes may be conducted by a substitute coach)

Questions or additional information please contact Lynne at Lynne@jerseyshorearena.com / 732-919-7070 ext 102

Student Name: _____ DOB: _____

Full Address: _____

Phone #: _____ Email: _____

Parent/Guardian Name: _____ Session #: _____

Payment Information

Payment Date: _____ Amt Due: _____ Cash _____ Check # _____

Credit Card# _____ Exp. Date: _____

Waiver/Release

I hereby give my approval for the enrolled player in the Hockey Powerskating Clinic at Jersey Shore Arena. I assume all risks inherent to such participation & further release, absolve, indemnify, and hold harmless Jersey Shore Arena, its staff and coaches for any claim arising out of injury or subsequent care, attention or treatment to any player. I expressly authorize and request that Jersey Shore Arena, its staff and coaches to act for me and on my behalf according to his or her best judgment in any emergency or injury to my child resulting in the need for professional or paraprofessional medical attention or treatment in the event that I am unavailable or cannot be reached. I have read and understand the above information.

Parent/Guardian Signature: _____ Date: _____