



2017 Shooting Clinic & Goaltending

The Shooting & Goaltending Clinic will consist of...

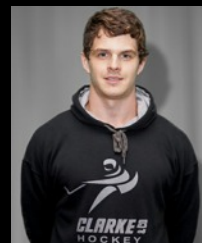
- 2 to 2.5 hours on ice tuition per day
- Dry land shooting and classroom instruction
- FG fitness centre strength and conditioning for older/advanced students
- Off ice activities including Bowling, football, etc
- Souvenir T –Shirt for all students
- End of Clinic shooting competition and prizes

Skills we will be working on are:

- All shot variations - Wrist shot, Snap shot, Slap shot and Back hand
- Balance
- Keeping head up
- Accuracy
- Quick Release
- Shooting in stride
- One timers
- Deking / Breakaway's
- Deflections
- Understanding goalie movements



Clarke & Co Hockey reserve the right to cancel the Clinic at any time, full refunds will be given in this eventuality.



The Clarke and Co. Shooting Clinic & Goaltending

**Planet Ice, Peterborough
26th to 28th July 2017**

Suitable for Players Under 17 with a minimum of 3 years playing experience

**The cost is £185 per person with a deposit of £100
(Discount available for multi clinic students)**

**Special rate of £160 for Goaltenders
who will work in a 3-1 coaching ratio**

This clinic will be focusing on all aspects of shooting and puck control. All of the training is based on teaching correct technique accompanied with high repetition to develop positive muscle memory when shooting.

Our Aim is to raise offensive skill set, improve decision-making on and off the puck and develop speed of strength in all shot variations in a controlled fun environment.

Clarke and Co Clinic staff feature:

David Clarke (Nottingham Panthers), Jon Kynaston (Peterborough Phantoms), Corey Neilson (head coach Nottingham Panthers), Stevie Lee (Nottingham Panthers), Mark Beggs (Head of GB talent identification), Craig Peacock (Braehead Clan), Robert Farmer (Nottingham Panthers) Luke Ferrara (Sheffield Steelers), Euan King, Ollie Betteridge (Nottingham Panthers) plus more to be confirmed.

**Please read and complete the form overleaf
and return to Clarke and Co Hockey Clinic**

For further information please contact David Clarke by email at info@clarkeandcohockey.co.uk

Clarke and Co Shooting & Goaltending Clinic Enrolment Form
Clinic Date: 26th to 28th July 2017 (Peterborough)

Student Name Age.....

Parent/Guardian Name

Address

..... Post Code.....

Phone Number Email Address.....

Please complete: I DO / DO NOT consent to photographs of my child on the Clarke and Co Hockey Clinic being used for promotions purposes.

Select T-Shirt Size - XS, S, M, L, XL, XXL, XXXL (T-Shirt manufacturer Rhino Sports)

Current Club of Student.....

Age Group of Student..... Years playing Hockey.....

Playing Position of Student.....

Student Playing Registration Number

Student Conference / International Experience.....

Emergency Contact Details

Name of person to contact in an emergency

Phone Number

Relationship to student.....

Cost of Clinic is £185. This money must be paid 21 days before the Clinic commences. Please enclose either full payment or an initial deposit of £100 to secure a place on the Clinic.

Payment can be made either by Cheque or Online, see below for details...

Cheques made payable to: Clarke & Co Hockey. Please send cheque payments to: David Clarke, Apartment 10, Forman House, Hucknell Road, Nottingham NG5 1QZ

Cheque Payment enclosed : Full Payment: YES / NO Deposit Payment: YES / NO

Bank Transfer information:

Please use Student Name as reference

Account Name: Clarke & Co Hockey Account No. 53199657 Sort Code 20-67-40

Full Online Payment: YES / NO Online Deposit: YES / NO

Medical Records

Have you ever suffered from the following?

Asthma YES / NO Diabetes YES / NO

Epilepsy YES / NO Heart Complaints YES / NO

Are you required to have medication with you when taking

part in sport? YES / NO

If Yes, what kind

Do you have any allergies YES / NO

If yes, please specify

Diet Restrictions YES / NO

If yes, please specify

Have you had any injuries to the head? YES / NO

If yes, how long ago?.....

Where you unconscious? YES / NO

If yes, for how long? Hours..... Days.....

Do you have any other illness/ injuries that may affect participation YES / NO

If yes, please specify

Have you had the following inoculations?

Tetanus YES / NO Smallpox YES / NO

BCG YES / NO Hepatitis YES / NO

Polio YES / NO

Signed Date

Print Name

Relationship to student

If under 18 years of age, a parent or guardian must sign above, please state relationship to applicant.

The above medical information will be retained in confidential files and is for use in emergencies only.

The applicant named on this application form agree that the Clarke and Co Hockey clinic as well as Planet Ice and their staff shall not be held responsible or liable for any injury, loss or other damages resulting from any cause whatsoever, negligent or otherwise, while in attendance or while on the premises and agrees to release Clarke and co hockey clinic as well as planet ice and their staff from all claims, damages and cost resulting there from.