

# HIGH SCHOOL HOCKEY CLINIC LAWRENCE ACADEMY'S GRANT RINK GROTON, MA

November 22<sup>nd</sup> – 27<sup>th</sup>



Register online at: [www.peakhockeyma.com](http://www.peakhockeyma.com)

## 6 HOURS OF CONDITIONING AND SKILL DEVELOPMENT DRILLS

This high intensity camp is just in time for the high school hockey season. The camp will focus on skill development, conditioning, and high-tempo decision making specifically designed for the high school hockey player. On-ice conditioning drills will be used to get the students prepared for the demanding high school hockey season. All sessions will have conducted by current and former high school and prep school coaches.

### *Lawrence Academy, Groton, MA*

<u>Date</u>	<u>Start Time</u>	<u>End Time</u>
Monday, November 22, 2021	6:00PM	6:50PM
Tuesday, November 23, 2021	4:50 PM	5:40PM
Friday, November 26, 2021	3:00PM	4:50PM
Saturday, November 27, 2021	12:30PM	2:20PM

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*Clinic cost is \$195. Payments can be mailed or sent through Venmo @PeakHockey-Lizotte-Short*

Name \_\_\_\_\_ High School \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Home Phone # \_\_\_\_\_ Parents name \_\_\_\_\_

Hockey Position(s) \_\_\_\_\_

**HOLD HARMLESS AGREEMENT:** In consideration of your enrolling my son/daughter in this program, I agree to indemnify and hold harmless the Peak Performance Hockey Camp, Lawrence Academy, and all its officers, agents, employees and participants from all claims, liability, loss, damage, expense which may in any way, arise from my son/daughter's participation in the Peak Performance Hockey Camp. To the best of my knowledge, my son/daughter is sound of health and I know no reason why he/she cannot participate in this program.

Name of Physician \_\_\_\_\_ Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

## MAKE CHECK PAYABLE TO:

**Peak Performance Hockey**

**46 Prospect Hill Road**

**Harvard, MA 01451**

