

SUMMER SKILLS CLINIC



2019 Summer Skills Clinic
Cushing Academy Ashburnham, MA

Peak Performance hockey will be conducting an eight week skills clinic beginning on Wednesday, June 12th at Cushing Academy. The clinics will focus on:

- Skating - edges, balance, stride, power and proper skating posture**
- Stick handling & Shooting**
- Small area games**

Register online at www.peakhockeyma.com. Check the website frequently, any schedule changes will be posted online! Players will be grouped based on age and ability.

<u>Date</u>	<u>Session #1</u> <u>2013 - 2010</u>	<u>Session #2</u> <u>2009 - 2006</u>	<u>Session #3</u> <u>2005 - 2002</u>
Wednesday, June 12, 2019	5:00PM	6:00PM	7:00PM
Wednesday, June 19, 2019	5:00PM	6:00PM	7:00PM
Wednesday, June 26, 2019	5:00PM	6:00PM	7:00PM
Wednesday, July 10, 2019	5:00PM	6:00PM	7:00PM
Wednesday, July 17, 2019	5:00PM	6:00PM	7:00PM
Wednesday, July 24, 2019	5:00PM	6:00PM	7:00PM
Wednesday, July 31, 2019	5:00PM	6:00PM	7:00PM
Wednesday, August 7, 2019	5:00PM	6:00PM	7:00PM

**** Cushing Academy reserves the right to modify this schedule**

2019 Summer Skills Clinic

Cost of the Clinic is \$220. To reserve a spot, register online and mail-in your full-payment or deposit of \$100. A deposit must be collected to reserve your spot!

Weekly walk-ons will be allowed if there is availability. Cost is \$35 per session

Name _____ Date of Birth ____/____/____
 Address _____ City _____ State _____ Zip Code _____
 Parents' names _____ Home phone _____ Email _____

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 League, Cushing Academy, and the Cushing Academy Board of Trustees 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 League. 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

For more information contact Kevin Lizotte at 978-257-7589 or Eric Short at 978-833-2494.