

# AAA/ELITE & HIGH SCHOOL SUMMER SKILLS CLINIC



*2017 Summer Skills Clinic  
New England Sports Center, Marlborough MA*

Peak Performance hockey will be conducting an eight-week skills clinic geared to AAA/Elite players. The sessions will start on Thursday, June 22nd at The New England Sports Center. The clinics will focus on:

- Skating - edges, balance, stride, power and posture**
- Puck protection and control**
- High intensity small area games**
- College, Prep School and High School Coaches**

Register online at [www.peakhockeyma.com](http://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>AAA/Elite</u> <u>2008 - 2005</u>	<u>High School</u> <u>Invitational</u>
Thursday, June 22, 2017	5:00PM	6:00PM
Wednesday, June 28, 2017	6:20PM	7:20PM
Wednesday, July 05, 2017	5:50PM	6:50PM
Thursday, July 13, 2017	5:00PM	6:00PM
Thursday, July 20, 2017	7:20PM	8:20PM
Wednesday, July 26, 2017	7:10PM	8:10PM
Wednesday, August 02, 2017	4:40PM	5:40PM
Thursday, August 10, 2017	4:40PM	5:40PM

\*\* New England Sports Center reserves the right to modify this schedule

### 2017 Summer Skills Clinic

Cost of the Clinic is \$200. 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!

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 Peak Performance Hockey, The New England Sports Center, and The New England Sports Center's 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 Clinics. 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.*