

# SUMMER SKILLS CLINIC



*2018 Summer Skills Clinic  
Cushing Academy Ashburnham, MA*

Peak Performance hockey will be conducting an eight week skills clinic beginning on Wednesday, June 20th 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](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>Session #1</u> <u>2012 - 2009</u>	<u>Session #2</u> <u>2008 - 2005</u>	<u>Session #3</u> <u>2004 - 2001</u>
Wednesday, June 20, 2018	5:00 PM	6:00PM	7:00PM
Wednesday, June 27, 2018	5:00 PM	6:00PM	7:00PM
Wednesday, July 11, 2018	5:00 PM	6:00PM	7:00PM
Wednesday, July 18, 2018	5:00 PM	6:00PM	7:00PM
Wednesday, July 25, 2018	5:00 PM	6:00PM	7:00PM
Wednesday, August 1, 2018	5:00 PM	6:00PM	7:00PM
Wednesday, August 8, 2018	5:00 PM	6:00PM	7:00PM
Wednesday, August 15, 2018	5:00 PM	6:00PM	7:00PM

\*\*Cushing Academy Reserves the right to change dates

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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.*