



FALMOUTH YOUTH HOCKEY

2019 SUMMER GOALIE CLINIC

Falmouth Ice Arena

9 Technology Park Drive, East Falmouth, MA

ON-ICE & OFF-ICE GOALIE DEVELOPMENT TRAINING
MONDAYS from July 8th – August 12th

ON-ICE TRAINING:

Session One - 3:50pm – 4:50pm / U8 – U12

Session Two – 5:00pm – 6:00pm / U14 – U18

Directed by Jim McNiff, Rhode Island Hockey Academy

<https://www.rihockeyacademy.com/>

APT OFF-ICE TRAINING:

Session One – 5:15pm – 6:15pm / U8 – U12

Session Two – 6:15pm – 7:15pm / U14 – U18

Directed by Pete Tormey, Athletic Performance Training

<http://aptrainingsystems.com>

REGISTER TODAY - \$350

Camp is limited to Eight Goalies per Session

QUESTIONS?

Peter LaMontagne, FYH Goalie Coordinator

Phone: 508-341-7854 / Email: petelamo@gmail.com



**FALMOUTH YOUTH HOCKEY 2019 SUMMER GOALIE CAMP
REGISTRATION FORM**

PLAYER LAST NAME: _____ FIRST NAME: _____
 PARENT/GUARDIAN: _____
 HOME ADDRESS: _____
 EMAIL: _____ PHONE #: _____ EMERGENCY #: _____
 2019/2020 TEAM: _____
 LAST TEAM PLAYED FOR: _____
 DATE OF BIRTH: _____

**ALL NON-FALMOUTH YOUTH HOCKEY GOALIES MUST PROVIDE A COPY OF 2019 USA
HOCKEY MEMBERSHIP WITH THIS REGISTRATION FORM**

MAKE CHECKS PAYABLE TO "FALMOUTH YOUTH HOCKEY"

Return Completed Registration Form To:

**Falmouth Ice Arena,
Attn: Business Office,
9 Technology Park, East Falmouth, MA 02536**

INFORMATION: Waiver and Indemnity Agreement: In Consideration of my child being allowed to participate in any way in the Falmouth Youth Hockey Summer Goalie Camp and related events at Falmouth Ice Arena and Athletic Performance Training, I, the undersigned, acknowledge, appreciate, and agree that the risk of injury from the activities involved in this program are significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce the risk, the risk of serious injury does exist and I knowingly and freely assume all such risks, both known and unknown of my child's participation in the Falmouth Youth Hockey 2019 Summer Goalie Clinic even if the arising from the negligence of the releases of others and I assume full responsibility for my child's participation. This is to certify I, as Parent/Guardian with legal responsibility for the participant, do consent and agree to his/her release as provided above of all the releases, and, for myself, my heirs, assigns and next of kin. I release and agree to indemnify and hold harmless the releases (Falmouth Ice Arena, Falmouth Youth Hockey, Athletic Performance Training, Rhode Island Hockey Academy, Coaches, Staff and USA Hockey) from any and all liabilities incident to my minor child's involvement or participation in the Falmouth Youth Hockey 2019 Summer Goalie Clinic, as provided above, even if arising from the negligence of the releases, to the fullest extent permitted by law. I hereby give my consent for medical treatment deemed necessary by emergency room physicians and/or for the transportation to a hospital emergency room for treatment for any illness or injury resulting from his participation in the program. I attest that my child has had a physical exam performed by a medical physician within the last twelve months from the date of my signature and has been cleared to participate in any physical activities and/or athletic activities. I confirm that I have health and dental insurance and will be responsible for all medical and dental costs covered or not covered by my policies. I understand that all fees are non-refundable and that I will not receive any portion of a refund should my son/daughter be expelled or dismissed from the Falmouth Youth Hockey 2019 Summer Goalie Clinic program for disciplinary reasons. Falmouth Youth Hockey reserves the right to use any pictures and videos taken during the Falmouth Youth Hockey 2019 Summer Clinic for research, instruction, and/or advertising purposes. I agree not to leave my child and/or children, family and travel party unsupervised before, during, and after any and all activities associated with the Falmouth Youth Hockey 2019 Summer Goalie Clinic. I intend this instrument to take effect as a sealed instrument.

PARENT/GUARDIAN SIGNATURE _____ DATE _____