



TOP SHELF HOCKEYSM SCHOOL GOALTENDING SCHOOL 2011

Registration

We Aim To Make A Difference
www.topshelfhockeyschool.com
508-778-5585

www.topshelfhockeyschool.com

GOALTENDING SCHOOL – NEW LOCATION THIS SUMMER!!!!

7 Sunday Mornings Starting July 10th through August 21st

8:00 a.m. to 9:20 a.m. – 80 minutes per session on ice!!!!

LIMITED NUMBER OF GOALTENDERS ACCEPTED, FIRST COME - FIRST SERVE

Seven Sessions \$400

Instructor: **Keith Allain, Head Coach at Nationally - Ranked Yale University**
Former Goalie Coach for 12 years in NHL 1994 - 2006

Head Coach for US Junior National Team- Won Bronze medal in World Jr. Championship 2010-11

Goalie Coach for Washington Capitals, Nashville Predators, St. Louis Blues 1994-2006

Goalie Coach for US Men's Olympic Team 2006

Goalie Coach for US Men's National Team 2004-2006

Head Coach for US National Junior Team 2001, 2002

Head Coach for US National Under 17 Team 1994, 1995

Head Coach Jarfalla Hockey Club, Sweden 1989-1991

Mental Preparation

Stance

Stick Control and Poke Checks

Skating Mechanics

Glove Technique

Rebound Control

Angles and Positioning

Rink Location: NEW Hyannis Youth & Community Center, 141 Bassett Lane, Hyannis, MA 508-790-6345

Enrollment guaranteed upon receipt of payment. Registration and payment also available online at www.topshelfhockeyschool.com thru PayPal. Enrollment implies consent that player's image may be used on the Top Shelf HockeySM School website and other promotional materials.

Make checks payable to: TOP SHELF HOCKEY SCHOOL and mail to P.O. BOX 2756, HYANNIS MA 02601

Skater's Name _____ Birth Date _____

Level Played: Mite ___ Squirt ___ Peewee ___ Bantam ___ A * B * C * Open Amt Enclosed _____

Parent/Guardian _____ Tel # _____ Alt. # _____

Address _____

Email(must) _____

RELEASE OF LIABILITY: I hereby release Hyannis Youth & Community Center and its owners as well as Top Shelf HockeySM School, instructors, and staff from any possible claims, liabilities, obligations, or responsibilities, and from any and all accidents or injuries, whether they be on the ice or off, hockey related or not, while I or my child participates in the program. I further certify as to my or my child's sound health of mind and body. I intend this instrument to take effect as a sealed instrument.

Signature (Parent/Guardian if nec.): _____ Date _____

Top Shelf Hockey Goalie School 2011