

Learn to Play Goalie Clinic **Summer 2017**

Who: Current and prospective* youth league goalies ages 8-14

When: Mondays 5:30-6:30pm June 5, 12, 19, 26 July 10, 17, 31 & Aug 7

OR Fridays 5:45-6:45pm June 2, 9, 16, 23 July 7, 14, 28 & Aug 4

Starts June 2nd and ends August 2nd

Learn to play goalie clinic will share the ice with level 4 of the Learn to Play Hockey program.

Players are allowed to sign up for both Monday and Friday if wanted.

Registration Opens: May 22nd 12:00pm

Coaches: Christopher Hunt

- 2016 Utah High School Hockey MVP
- U18 Eagles AA goalie 2015-16
- 9 Years playing experience

Alan Canfield

- Hockey program coordinator, County Ice Center
- USA Hockey Coaching Level 4

Equipment: Full goalie equipment will be required for all participants. The County Ice Center has skates, helmet, leg pads, chest/arm protector, goalie catcher and blocker (regular only, no full left), and sticks available to rent at no additional cost to those who need it. Players who rent equipment will be required to bring their own cup (boys) or pelvic protector (girls) and supporter and hockey pants.

Cost: **\$80 (8 Classes)**

***Prospective goalies:** Players new to hockey interested in learning goalie should first be competent and experienced skaters capable of performing all of the moves taught in the hockey class of learn to skate including forward and backward starts, stops, and c-cuts, quick starts, crossovers, t-push and shuffle.

For more information, contact:

Alan Canfield
acanfield@slco.org



LEARN TO PLAY GOALIE PROGRAM - Summer 17

REGISTRATION FORM

Name _____ Age _____ DOB _____

Address _____ City _____ Zip _____

Parent/Legal Guardian _____ Email: _____

Home Phone _____ Work Phone _____ Cell Phone _____

In Case of Emergency, Notify (other than Parent or Guardian)

Name _____ Phone # _____ Relationship _____

Current/ Last Team Played for (if applicable) _____

Volunteer Shooters Needed!

Parents or siblings interested in helping out on the ice please contact Alan Canfield at acanfield@slco.org or leave your information below

Name _____ Phone _____ Email _____

Parental/ Participant Statement of Agreement Assumption of Risk, Liability Release, Indemnification and Refund Policy

1. Release & Indemnification: I hereby, recognize and acknowledge my child's participation in recreational activities may involve bodily injury and/or emotional injury to myself and/or my child. In consideration of my child being able to participate in such events, I, for myself, my child, my heirs, my executors and administrators, hereby voluntarily and knowingly indemnify and hold harmless, defend, release, waive, and discharge Salt Lake County, and its officers, employees and volunteers from any and all suits, claims or liability, including negligence, based on any injury except that caused solely by the willful misconduct of Salt Lake County, that may result from my child's participation in Salt Lake County Parks & Recreation activities. In addition, I agree that I or my insurance company will pay for medical, hospitalization or any other expenses resulting from my child's participation.
2. Refund Policy: As per Salt Lake County policy and procedures, the Parks and Recreation Division may withhold 25% of the refund (program registration fee) for administrative costs. All refunds must be requested in person and accompanied with a written refund request. No refunds shall be given after the first day of the program.
3. Collections: I agree to pay Salt Lake County all costs incurred, together with reasonable attorney's fees in the event that my account is referred to the Salt Lake County Attorney's Office for collection. I understand that any account delinquent 30 days or more will be turned over to the Salt Lake County Attorney for collection.
4. Emergency Treatment: I hereby authorize Salt Lake County Parks & Recreation program staff to act on my behalf in accordance with their best judgment in case of an emergency involving my child, and agree to assume full responsibility for all expenses, medical or otherwise, that may arise there from. I understand that I or my insurance company will pay for such emergency treatment.
5. Equal Opportunity: Salt Lake County Parks & Recreation provides equal opportunity to participate regardless of race, creed, or gender, and will, upon request, provide reasonable accommodations to individuals with disabilities.
6. Media Consent: I hereby grant permission to Salt Lake County (SL County) to use my or my children's Photograph, Videotaped Image, Quotes/Comments, Name for publicity and educational purposes in any and all publications and media without limit or reservation.

By signing this assumption of risk, liability release, indemnification and refund policy statement, I acknowledge that I have read its contents and disclosure, that I understand its contents and disclosures, and that I agree to its terms.

Signature (Parent or Legal Guardian) _____ Date _____

Office use only: AMT. PAID _____ CASH _____ CHECK # _____ CC _____ INT. _____