



# 2019 LA SALLE HOCKEY – PLAYER DEVELOPMENT CLINIC

Coached by Wally Muehlbronner, Head Coach – La Salle College High School

**FOR HIGH COMPETE LEVEL PLAYERS ENTERING GRADES 7, 8 AND 9**

**PLAYER DEVELOPMENT FOCUS – MORE THAN SKILLS**

**Skating – Puck Control & Protection – Passing – Shooting – Position Concepts – Small Games**

*It is my belief that the best way to develop as a player is to be properly coached as well as be surrounded and challenged by players of your own ability or those of a higher skill level. It is expected that all clinic participants have a strong work ethic and a high compete level. This clinic is designed to challenge serious players to push beyond their individual comfort zones. We stress the importance of **COMPETING** with **CHARACTER**. We stress that to achieve success in life – you must earn it. Take Pride in all that you do!*

**ALL FOUR SESSIONS AT HATFIELD ICE – 350 COUNTY LINE ROAD, COLMAR, PA**

DAY	DATE	TIME
Monday	July 8	7:10 – 8:25 PM
Tuesday	July 9	7:10 – 8:25 PM
Thursday	July 11	7:10 – 8:25 PM
Monday	July 15	7:10 – 8:25 PM

**CLINIC FEE: FORWARDS AND DEFENSEMEN**

**GOALIES: \$10 PER SESSION**

**ALL 4 SESSIONS: \$145**

**BY THE SESSION: \$40 (CIRCLE DATES ATTENDING WITH PAYMENT)**

**Mail form and check payable to: La Salle College HS**

**c/o Wally Muehlbronner - La Salle College High School - 8605 Cheltenham Avenue - Wyndmoor, PA 19038**

**Questions: (215) 402-4802 or Email: wally@lschs.org**

**\*Please forward this registration form to a friend/teammate that may be interested**

## **2019 LPDC REGISTRATION FORM**

**Players Name** \_\_\_\_\_ **Birth Year** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Parents Email** \_\_\_\_\_

**2019-20 Grade** \_\_\_\_\_ **2019-20 School** \_\_\_\_\_

**2019-20 Club Team** \_\_\_\_\_ **Position** \_\_\_\_\_

### **PARTICIPANT WAIVER AND RELEASE OF LIABILITY**

I acknowledge and assume all risks of injury associated with participation in the La Salle – Player Development Clinic. I also agree that La Salle College HS, and any and all of its current or former directors, officers, members, employees, attorneys, representatives, insurers, agents, successors, and assigns (individually and collectively the 'RELEASEES'), shall not be liable to me or my child for any injury or damage, however caused, resulting directly or indirectly from my child's participation in any La Salle Hockey – Player Development Clinics at any time proceeding, during or after such clinic is in session. I further understand that no medical, dental, or accident insurance is provided to any La Salle Hockey – Player Development Clinic participant, including my child, and I, by La Salle College HS. I release, discharge, and promise not to sue the RELEASEES from and with respect to any and all claims, actions, suits, liabilities, or damages whatsoever which against the RELEASEES, my child and I have, or hereafter can, shall or may have for, upon, or by reason of any injury or damage to me or my child. I intend this release to be a general release of any and all claims to the fullest extent permissible by law. I agree to indemnify and hold harmless the RELEASEES from and injury or damage, however caused, sustained by an invitee or guest if either I or my child resulting directly or indirectly from that invitee or guest's participation in any and all La Salle Hockey – Player Development Clinic at any time proceeding, during, or after such clinic is in session.

**Parent/Guardian Name (Print)** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_