

JUST GOALIES

SPRING 2023

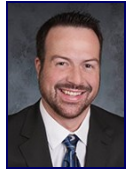


COME TRAIN WITH US THIS SPRING!

Just Goalies staff has been together for over 25 years! Our SPRING Clinic is a unique opportunity for progressive goalie training with a focus on positioning, footwork, puckhandling, work ethic & fun for 7 consecutive sessions.



OUR 25TH YEAR!



*** Jason Muzzatti** (above & left)
 Founder of Just Goalies.
 16 Year Pro Goalie, former NHLer & Olympian, former Michigan State Goalie Coach and current NHL Carolina Hurricanes Goalie Coach.

*** Tory Gentile** (above)
 Current Goalie Coach of the NAHL Jamestown Rebels whose goalie was named 2017 NAHL Player & Goalie of the Year. Team also broke all-time NAHL shutout record.

★ SPRING CLINIC ★
Mondays 6:30-7:20PM
April 10th thru May 22nd
Seven Consecutive Clinic Sessions

Spring Clinic at Suburban Ice East Lansing
****Sign-up ONLY through Just Goalies(Not Suburban)****
Call: Just Goalies at 517-381-9677
E-mail: JustGoalies@aol.com
Website: www.JustGoalies.net

Cut Here & Mail with Payment

Name: _____
 Address: _____
 City: _____
 Prov./State: _____ Zip/P.C. _____
 Date of Birth: _____
 Email: _____
 Parent Name(s): _____
 Home Phone: _____
 Cell Phone: _____
 # of Years as a Goalie: _____
 Level of Hockey/Current Team: _____
 Medical Problems we should be aware of: _____

Please read carefully before signing
 I acknowledge, agree and understand that there are risks inherent to the activities carried on the ice rink and other parts of the facility. I freely and knowingly assume all risks inherent to the activities carried on at the ice rink and all other parts of the facility and fully understand that said activities involve risks to the participants including bodily injury, partial or total disability, paralysis, death and damages that may arise therefrom. Therefore, I indemnify, and hold harmless **JUST GOALIES L.L.C.**, its directors, officers, agents, employees, volunteers and affiliates from any and all costs, losses, liabilities, damages, lawsuits, deficiencies, claims and expenses. In the event that my child is injured, I give permission for that person in charge to seek medical attention.

Parent Signature: _____
Date: _____

Payment: \$560.00
 Due in Full with Sign-Up

***Includes ALL 7 Sessions*:**
 Mondays 6:30-7:20PM
 April 10, 17, 24
 May 1, 8, 15, 22

Total Enclosed: _____
 Mail Application Form and Check made payable to "Just Goalies" to:

JUST GOALIES P.O. Box 404
 Okemos, MI 48805