

# JUST GOALIES



Come Train with us over Christmas Break 2024

Take some time this Christmas Break for some extra Goalie Specific Workouts at Just Goalies Three-Day Christmas Clinic 2024! Just Goalies Three-Day Christmas Clinic is a unique opportunity for some extra goalie training with a high quality workout and professional teaching.



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



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



## Christmas Break Clinic

Dates & Times Below

All Clinics at East Lansing Ice Cube  
 Sessions fill up FAST. Sign-up is first come, first serve based on registration with payment received.  
 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 \_\_\_\_\_  
 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:**

Payment Due in Full with Application: \$300  
 Three-Day Clinic Dates & Times:  
 Thursday Dec. 26 thru Saturday Dec. 28  
 2:00-3:20 PM  
 Total Enclosed: \_\_\_\_\_  
 Mail application & check made to:  
 'Just Goalies'  
 JUST GOALIES  
 P.O. Box 404  
 Okemos, MI 48805