

# JUST GOALIES

**SPRING 2022**



**COME TRAIN WITH US THIS SPRING!**

Just Goalies staff has been together for over 24 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 24TH 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 in April 5:00-5:50PM  
 Fridays in May 4:30-5:20PM  
 Last Clinic Monday May 23rd 6:30-7:20PM

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: \$525.00**  
 Due in Full with Sign-Up

**Includes ALL 7 Sessions:**  
 Monday April 11,18,25 - 5:00-5:50PM  
 Friday May 6,13,20 - 4:30-5:20PM  
 Last Clinic Monday May 23 - 6:30-7:20PM

Total Enclosed: \_\_\_\_\_

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

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