



## SPECIALIZED GOALTENDERS WEEKEND

Learn from the Korn Camp group of coaches...

### FEATURING MITCH KORN

NHL Nashville Predators Goalie Coach

Sponsored by Trenton Hockey Association



#### THE SCHOOL'S OBJECTIVE

Goaltending is more than just stopping pucks. This unique program will teach and drill the physical skills related to goaltending such as butterflies, half butterflies, shuffles, transitions, down low plays, etc., along with the mental skills such as save selections, "reading the play," angles, situation analysis, and puck tracking.

#### FORMAT AND SCHEDULE

Mitch's special style of humor, discipline, coaching, and attention to details has year after year held the attention of all ages from 9 thru adult. Four on ice sessions (approx. 8 hours total) and three classroom sessions (4 hours total) pack 12 hours of instruction and practice into one weekend. Each goalie has the key elements of his/her technique video taped and reviewed.

#### **SCHEDULE**

Friday, August 26, 2011		Saturday, August 27, 2011		Sunday, August 28, 2011	
6:15 p.m.	Check In	10:00-11:50 a.m.	On Ice	10:30-11:30 a.m.	Classroom
7:00-8:50 p.m.	On Ice	12:00-1:00 p.m.	Lunch (bring or buy)	12:00-1:50 p.m.	On Ice
9:10-10p.m.	Classroom	1:00-3:00 p.m.	Classroom	2:00 p.m.	Awards/Manuals
		3:30-5:20 p.m.	On Ice	2:30 p.m.	School's Over

All sessions will be held at Trenton's Kennedy Arena. The program is open to ages 9 through adult. Space is limited to 28 goaltenders. All goaltenders must supply their own equipment and be fully and properly dressed at all on ice sessions.

**Clinic Coordinator: Julie Hill: [goalie.mom35@yahoo.com](mailto:goalie.mom35@yahoo.com) or 517-795-0897** (e-mail for all enrollment info)

**Clinic Program Director: Mitch Korn.....Cell: (513) 226-4332 or [kornm@muohio.edu](mailto:kornm@muohio.edu)**

**FEE: \$190.00**

**Make checks payable to: Trenton Hockey Association**

**Mail to: Julie Hill, Korn Camp, 112 Archwood Circle, Brooklyn, MI 49230**

#### **APPLICATION**

NAME \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL \_\_\_\_\_ PHONE (Home) \_\_\_\_\_ Cell \_\_\_\_\_

**THE PROGRAM FEE OF \$190 MUST ACCOMPANY THIS APPLICATION**

#### **ACCIDENT RELEASE**

I (we), the parent(s) of \_\_\_\_\_ do hereby release the Specialized Goaltender's Program, the Trenton Hockey Association, director, coordinator, instructors and volunteers from all possible claims, obligations or responsibility for personal property losses, accidents or injuries of any kind occurring while my child is participating in the program. As a parent, I am aware of the dangers and risks of ice hockey and playing and training for the goaltending position.

DATE

PRINT NAME OF PARENT

SIGNATURE OF PARENT