

ENROLLMENT APPLICATION

2005 CLINIC SCHEDULE

Session 1 July 5 - August 11 (6 week program) Age: 7 - 9
Tuesday and Thursday 6:15PM - 7:25PM

@ Northford Ice Pavilion
Cost \$325

Session 1A July 5 - July 21 (3 week program) Age: 7 - 9
Tuesday and Thursday 6:15PM - 7:25PM

@ Northford Ice Pavilion
Cost \$185

Session 1B July 26 - August 11 (3 week program) Age: 7 - 9
Tuesday and Thursday 6:15PM - 7:25PM

@ Northford Ice Pavilion
Cost: \$185

Session 2 July 5 - August 11 (6 week program) Age: 10 - 14
Tuesday and Thursday 7:35PM - 8:45PM

@ Northford Ice Pavilion
Cost \$325

Session 2A July 5 - July 21 (3 week program) Age: 10 - 14
Tuesday and Thursday 7:35PM - 8:45PM

@ Northford Ice Pavilion
Cost \$185

Session 2B July 26 - August 11 (3 week program) Age: 10 - 14
Tuesday and Thursday 7:35PM - 8:45PM

@ Northford Ice Pavilion
Cost: \$185

Session 3 August 15 - August 19 (1 week program)
Group 1 Ages: 7-9 Group 2 Ages 9-12

Monday thru Friday 8:30AM - 1:00PM

@ Northford Ice Pavilion
Cost: \$325

Session 4 August 22 - August 26 (1 week program)
Group 1 Ages: 8-10 Group 2 Ages 11-13

Monday thru Friday 8:30AM - 1:00PM

@ Northford Ice Pavilion
Cost: \$325

Goalie Camp August 15 - August 19 (1 week program)
Ages 8 - 18

Monday thru Friday 11:45AM - 3:30PM

@ Northford Ice Pavilion
Cost: \$400

Girl's Hockey Clinic August 15 - August 19 (1 week program)
Ages 10 - 17

Monday thru Friday 2:00PM - 4:00PM

@ Northford Ice Pavilion
Cost: \$300

(Please print and fill out completely. Use one application per student).

CIRCLE SESSIONS PLAYERS WILL BE ATTENDING: 1 1A 1B 2 2A 2B 3 4 Goalie Clinic Girl's Camp

NAME OF STUDENT _____

NAME OF PARENT OR GUARDIAN _____

E-MAIL ADDRESS _____

ADDRESS (Street) _____

TELEPHONE _____

CITY _____

STATE _____

ZIP _____

DATE OF BIRTH _____

PRESENT AGE _____

HEIGHT _____

WEIGHT _____

2004-2005 TEAM _____

AGE GROUP _____

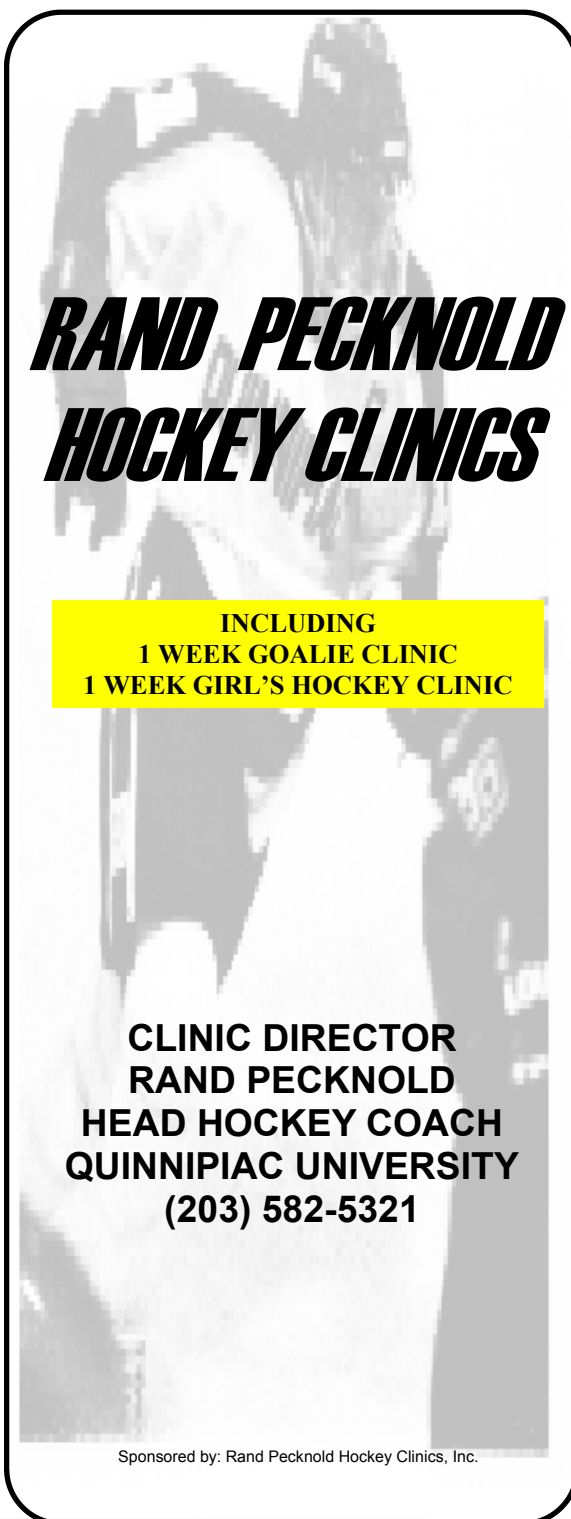
DIVISION _____

PREVIOUS HOCKEY EXPERIENCE _____

POSITION _____

LEARNING OR PHYSICAL HANDICAPS _____

(PLEASE COMPLETE AND SIGN THE REVERSE SIDE)
MAKE CHECKS PAYABLE TO RAND PECKNOLD HOCKEY CLINICS INC.
Mail Application to: Rand Pecknold, 336 Veres Street, Fairfield, CT 06824



***RAND PECKNOLD
HOCKEY CLINICS***

**INCLUDING
1 WEEK GOALIE CLINIC
1 WEEK GIRL'S HOCKEY CLINIC**

**CLINIC DIRECTOR
RAND PECKNOLD
HEAD HOCKEY COACH
QUINNIPIAC UNIVERSITY
(203) 582-5321**

Sponsored by: Rand Pecknold Hockey Clinics, Inc.



PHILOSOPHY and GOALS of PROGRAM

Rand Pecknold Hockey Clinics will be structured in a format that will foster the overall development of young hockey players in a fun and challenging environment. These clinics will focus on improving skating, fundamental skills and hockey knowledge. Practices will be run at a very high level of intensity. Players will be expected to make a commitment to improve themselves as hockey players. The Rand Pecknold Hockey Clinics will use many of the same drills that are used by the Quinnipiac University Varsity Hockey Team.

Forwards:

An emphasis will be placed on explosive skating and skating with the puck. Forwards will learn strategy on how to create scoring opportunities. Stickhandling, shooting and passing will also be stressed.

Defense:

An emphasis will be placed on skating and agility. Defensemen will learn the strategy behind playing 1v1, 2v1 and 3v2. Stickhandling, shooting and passing will also be stressed.

Goaltending:

Goaltenders will be taught the importance of playing angles properly, challenging the shooter and handling rebounds correctly. Goalies will also be taught how to "take away the bottom of the net" which is a philosophy that most NHL Goaltenders abide by.

COACHING STAFF

Rand Pecknold
Camp Director
Quinnipiac University
Head Hockey Coach

Coach Pecknold is highly regarded in the collegiate hockey world and is currently in the process of building a successful program at Quinnipiac. Under Pecknold's guidance and leadership the Bobcats have had six successful seasons at the D-I level.

Coach Pecknold has been highly successful in developing young talent in his tenure at Quinnipiac. Past and current players have garnered numerous awards under his coaching. In the last three seasons alone Quinnipiac has graduated twelve players into the pro ranks. In 1999-2000 his team led the nation in Scoring Offense, Scoring Margin, and were fifth in Scoring Defense. His teams are continually ranked in the top five in power play. As MAAC champions in 2002 Quinnipiac was one of twelve teams to participate in the NCAA National Championship Tournament. They finished the season ranked 18th nationally in the US College Hockey poll.

Coach Pecknold is currently ranked 7th among active D-1 coaches in winning percentage behind Dean Blais (North Dakota), Red Berenson (Michigan), Jack Parker (Boston University), Dick Umille (UNH), Doug Ross (UAH) and Don Lucia (Minnesota).

Ben Syer (Instructor)
Quinnipiac University Asst. Hockey Coach

Scott Robson (Instructor)
Quinnipiac University Asst. Hockey Coach

Kyle Wallack (Instructor)
College of the Holy Cross, Goalie Coach

Justin Eddy (Goalie Instructor)
Washington Capitals Organization

Bobby Ferraris (Instructor)
AIC, Asst. Hockey Coach
Former Coach/Player New Haven Knights



CONDITIONS OF ENROLLMENT AND INSURANCE / WAIVER INFORMATION

1. The clinic enrollment will be filled ON A FIRST-COME BASIS; in the event classes are filled, you will be notified. Your confirmation letter will be e-mailed after June 15th.
 2. The clinic director reserves the right to place students in the most suitable group. He also retains the right to terminate the stay of any student when it is deemed to be in the best interest of either the student or the clinic.
 3. All Hockey Clinic students must have had a physical examination during the present school year. The parent can confirm this by signing the conditions of enrollment.
 4. **There will be no reduction in fees due to late arrivals and early departures. Absolutely no refunds will be made after 30 days prior to start of session.**
 5. Players must wear full equipment on the ice at all times, including helmet, face mask, mouth guard, and throat protector.
 6. Major Medical Insurance Name _____ Policy No. _____
- Does your major medical cover accidents, such as Hockey accidents? Yes No Emergency Phone Number _____
- RELEASE OF LIABILITY / ACKNOWLEDGMENT OF RISK:** Upon entering events sponsored by Rand Pecknold Hockey Clinics, Inc., I/We agree to abide by the rules of USA Hockey as currently published. I/We understand and appreciate that participation or observation of the sport constitutes a risk to me/us of serious injury, including permanent paralysis or death. I/We voluntarily and knowingly recognize, accept, and assume this risk and release Rand Pecknold Hockey Clinics, Inc. its Affiliates, their sponsors, event organizers, officials and all Rand Pecknold Clinic, Inc. Personnel from any liability therefore.
- MEDICAL RELEASE:** In the event my child is injured during a Rand Pecknold Hockey Clinic, Inc., I give permission for the person in charge to seek medical attention.
- I have read and agreed to the above conditions and enclose herewith my check for \$ _____ for tuition. Full payment must be made 14 days prior to start of session.

 Signature of Parent or Guardian _____
 Date