



*Summer Skills Development Clinics  
Cushing Academy  
Ashburnham, MA*

**Peak Performance hockey will be conducting an eight week skills clinic beginning on Wednesday, July 13<sup>th</sup> at Cushing Academy.**

**Register online at [www.peakhockeyma.com](http://www.peakhockeyma.com). Check the website frequently, any schedule changes will be posted online!**

<b>Date</b>	<b>Mites and Squirts Ages 10 &amp; under</b>	<b>Peewees and Bantams Ages 11 - 14</b>
<b>Wednesday July 13<sup>th</sup></b>	<b>6:00 PM</b>	<b>7:00 PM</b>
<b>Wednesday July 20<sup>th</sup></b>	<b>6:00 PM</b>	<b>7:00 PM</b>
<b>Wednesday July 27<sup>th</sup></b>	<b>6:00 PM</b>	<b>7:00 PM</b>
<b>Wednesday August 3<sup>rd</sup></b>	<b>6:00 PM</b>	<b>7:00 PM</b>
<b>Wednesday August 10<sup>th</sup></b>	<b>6:00 PM</b>	<b>7:00 PM</b>
<b>Wednesday August 17<sup>th</sup></b>	<b>6:00 PM</b>	<b>7:00 PM</b>
<b>Wednesday August 24<sup>th</sup></b>	<b>6:00 PM</b>	<b>7:00 PM</b>
<b>Wednesday August 31<sup>st</sup></b>	<b>6:00 PM</b>	<b>7:00 PM</b>

*Summer Skills Development Clinics*

*Cost of the Clinic is \$150.*

**Mite & Squirt Clinic \_\_\_\_\_ Peewee & Bantam Clinic \_\_\_\_\_**

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parents' names \_\_\_\_\_ Home phone \_\_\_\_\_ School \_\_\_\_\_

Hockey

Position(s) \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Shot: Left or Right

**HOLD HARMLESS AGREEMENT:** In consideration of your enrolling my son/daughter in this program, I agree to indemnify and hold harmless the Peak Performance Hockey League, Cushing Academy, and the Cushing Academy Board of Trustees and all its officers, agents, employees and participants from all claims, liability, loss, damage, expense which may in any way, arise from my son/daughter's participation in the Peak Performance Hockey League. To the best of my knowledge my son/daughter is sound of health and I know no reason why he/she cannot participate in this program.

Name of Physician \_\_\_\_\_ Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**MAKE CHECK PAYABLE TO: Peak Performance Hockey  
46 Prospect Hill Road  
Harvard, MA 0151**

For more information contact Kevin Lizotte, Former Head Coach St. Bernard's at 978-343-8136  
or Eric Short, Head Coach Lunenburg High School, at 978-833-2494.