

## OUR STAFF

**Mark Needleman:** Mark has been involved with the NEK Hockey clinic since 1993. He was a standout at North Country Union High School, and continued to play at St. Michaels College where he was all conference, and all New England his senior year. Mark has coached at all levels through high school for 9 years winning a D1 State Championship in 1996.

**Eddy Gaudreau:** Eddy has been involved with the NEK Hockey clinic since 1998. Eddy played for four years at North Country Union HS leading the team in scoring his final two years. Following HS Eddy tested his metal in the tier II Central Junior 'A' Hockey League playing for the Bears from Smith Falls Ontario. Eddy has coached for 17 years at all levels through High School.

## NEK HOCKEY CLINIC

3204 N. Derby Road Newport, VT  
05855

Held at The Ice Center 546 River  
Rd, Waterbury, VT 05676

## CONTACT US

[nekhockeyclinic@gmail.com](mailto:nekhockeyclinic@gmail.com)



JULY 15<sup>TH</sup> – 19<sup>TH</sup>  
2019

**NORTHEAST  
KINGDOM  
HOCKEY CLINIC**

**SINCE 1993**

Clinic held at The Ice  
Center, Waterbury VT



# FOCUSED ON PLAYER DEVELOPMENT SINCE 1993

## OUR EMPHASIS IS ON:

**Skating:** Each day coaches will demonstrate, thru various drills, the proper form of skating. Focusing on edge control, stride, agility, and power.

**Stick Handling and Passing:** Each Player will continue to improve their hands thru drills that are designed to give players more confidence with the puck.

**Team Concept/Games:** We specialize in small games that will enable players to learn how to read and react all over the ice.

**Off Ice Work:** Dryland training will incorporate conditioning and agility exercises creating greater stamina and nimbleness on the ice. Video review of team concepts along with nutritional info for the athlete will also be discussed.

## ALL COED

- 15 hours of Ice Time
- 10 Hours Off Ice & Dryland training
- Clinic Jersey
- Player Report Card
- "Hardest Worker" awards daily
- Camp T-shirt

**Space limited, early registration recommended**

## REGISTRATION:

\$375 payable to: Northeast Kingdom Hockey Clinic

Participant Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M / F

Email Address: \_\_\_\_\_

Highest Level Played: \_\_\_\_\_ Position: \_\_\_\_\_

Coaches Name: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Relation: \_\_\_\_\_ Phone number: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Relation: \_\_\_\_\_ Phone number: \_\_\_\_\_

Health Insurer: \_\_\_\_\_

Policy #: \_\_\_\_\_

Allergies: \_\_\_\_\_

Health Conditions: \_\_\_\_\_

Tshirt Size: \_\_\_\_\_ Jersey Size: \_\_\_\_\_

**Clinic Disclaimer:** The clinic participant and the parent/guardian understand, appreciate, and accept the inherent physical risks of these activities. As a condition of registration, the participant and parent/guardian agree to be solely responsible for any personal property loss/damage and/or any personal injury sustained by the participant.

NEK Hockey clinic reserves the right to assign the participant to a group most appropriate for their age or ability; to request any participant to withdraw from the clinic if the participant is not behaving in an appropriate and reasonable manner, and to cancel the clinic with a 100% refund.

I understand that Northeast Hockey Clinic may use photos taken for promotional purposes.

I understand and agree to the above:

\_\_\_\_\_  
Parent/guardian name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Mail completed form with Payment to:**  
Northeast Kingdom Hockey Clinic  
3204 N. Derby Rd.  
Newport, VT 05855

