

Goalies Inc. Goaltending Clinic

June 19th & June 20th, 2010

Oshkosh YMCA
Oshkosh, WI



Welcome to Goalies Inc. Goaltending Clinics. This years camp will take place at the Oshkosh YMCA on Saturday June 19th, and Sunday June 20th. Each day will offer 3 hours of ice time , as well as a goaltending related activity in between ice sessions. We will also be giving out items from our sponsors to the players at the conclusions of the camp

I have personally seen so many camps that just shovel loads of information at goalies to swallow in such a short amount of time. I find it hard to believe goalies are able to soak it all in at once. My main focus is for each goalie to understand, learn, and perform the information that I give them. I don't want to be able to offer the “bang for you buck” by giving the athlete so much info he/she can not understand. I would much rather work slower, do different drills, and make sure each goalie has a firm understanding of what we are trying to teach. I think that is what makes a good camp, value, over volume. It doesn't matter which age group the goalie belongs to, or how long he/she has been playing goalie, there are always needs for improvements in the basics of goaltending. This camp is not designed to be a "basic" goaltending school, nor would it be designed for a "advanced" goaltending school. It is a school about learning, and understanding. I see so many goalies that are trying to be their favorite goalies by attempting to make saves that just are not realistic. A solid stance, correct, quick feet movements, and a solid butterfly can be all the difference of the puck hitting the athlete in the chest, or going in the net.

Please contact

Jim Stanaway
Goaliesinc35@gmail.com
920-321-0343 (work)
920-259-9040 (cell)

With any questions about the clinic, or to request a sign up form.

Goalies Inc.

Sign up Sheet

Welcome to Goalies Inc. I hope everyone had a successful, and fun filled 2009-2010 hockey season. Below you find our sign up form. Please fill this out, and return to address listed below. Please also include the waiver form, as well as a check or money order.

Name of Athlete:

Phone:

Address:

Email:

Age of Athlete:

Level of play 09-10:

Things athlete may need to focus on:

Things athlete expects from coaches & overall experience at Goalies Inc.:

Please include a check/money order made payable to :

Jim Stanaway
2642 Packerland Dr. #1
Green Bay, WI
54313

Cost of Camp is: 200.00

If you have any questions please contact:

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A schedule will be mailed/emailed back to you for the weekend events weeks prior to the start of camp.

Enjoy the rest of the season!

Goalies Inc.
Waiver Form

Please sign, and return prior to camp.

I _____ am allowing my son/daughter _____ to participate in Goalies Inc. Goaltending Camp. I know that ice hockey is a dangerous sport, and accidents do occur. I agree that by participating in this clinic I am allowing my son/daughter to skate at their own risk. I will not hold Jim Stanaway, Goalies Inc. , Oshkosh YMCA, or any of the above mentioned employees responsible if something should happen while on the ice, in the locker room, or participating in any activities related to the camp. I will also let Jim Stanaway know of any health related issues my son/daughter may have prior to the start of the camp.

X _____ Date _____