

2017 BERTAGNA ADULT WOMEN'S HOCKEY CLINIC APPLICATION



NAME _____ AGE (please) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONES: Home _____ Work _____

CELL _____ NAME of EMERGENCY CONTACT _____

E-MAIL ADDRESS: _____

YEARS PLAYING HOCKEY _____ MIGHT YOU BE A GOALIE? HOW LONG? _____

HAVE YOU ATTENDED A BERTAGNA SCHOOL BEFORE? Yes _____ No _____ Number of of Years _____

Joe's Adult Women's Clinics: While Joe is nationally known for his goalie work, he has long been a supporter of women's hockey. He was Harvard University's first women's coach and the Hockey East Women's Tournament champion receives the Bertagna Trophy. These two offerings below are for skaters and goalies alike. The average age traditionally runs 40-55 years of age, but there are plenty of participants on either side of that range.



SPRING ADULT WOMEN'S HOCKEY CLINIC: Mondays, April 17 - June 19 (\$280)

Ten Mondays: April 17, 24; May 1, 8, 15, 22, 29; June 5, 12, 19; BEDFORD, MA (The Edge Sports Center)

This is a weekly clinic that runs for 80 minutes each Monday night for 10 weeks. Drills make up the bulk of each session with some scrimmage time that will grow in length each week. This session will be limited to 30 skaters and 3-4 goalies. Joe will be assisted by Olympic silver medal winner **Stu Irving**, who spent 20+ years as an NCAA Division I coach at Merrimack College, and **Bob Bartholomew**, a former UMass defenseman who spent four decades coaching at Arlington High School.

Spring Adult Women's Monday Clinic 7:10-8:30 pm _____ (\$280)

Send application with full amount to:

Bertagna Goaltending, 7 Concord Street in Gloucester, MA 01930 Refer all questions to E-Mail, jbertagna@comcast.net.

"I enroll my child/self in Joe Bertagna's Hockey School, aware of the inherent risks involved in playing ice hockey. I attest that the applicant is in good health and capable of participating in a rigorous athletic program. I voluntarily recognize, accept and assume the risks involved and release Joe Bertagna, the rinks, and coaches involved. In the event of injury, I give permission for those in charge to seek medical attention."

ADULT SIGNATURE _____ DATE _____