

GAME SITUATION DEVELOPMENT

**With: Coaches Ryan Secor
& Dave Randall II**

When: July 15 – July 19

Where: Albany County Facility

Time: 9am – 3pm



GAME SITUATION

2024

SUMMER PROGRAM

**Albany County Hockey Facility
5 Hours On Ice Daily
July 15 – July 19**

	Monday	Tuesday	Wednesday	Thursday	Friday
1 st Session	Backhand Shooting, Forehand flex point shooting	Puck Protection	Defense Skating, pinning on wall	Offense Skating, puck protection	Defense and Offense Skating Review
2 nd Session	Catch and shoot, Backhand forehand shot, one time Stationary	Angling and rubbing player out (4 Stations)	Passing	Shooting, and passing	Puck protection and angling review
3 rd Session	Game Situational Shooting pt 1	Checking/ body contact	Angling on 1v1 rushes, 2v1, 3v2	Zone entry with and without support	Shooting Review
4 th Session	Game Situational Shooting pt 2	Small area games	D-zone positioning/ small area games	Small area games	Small Area Games
Eligibility (Birth year)	2012-2007	2012-2007	2012-2007	2012-2007	2012-2007

GAME SITUATION DEVELOPMENT

*Shooting & Scoring , Defensive Skills,
Offensive Skills, Stick/Puck Control,
Body Contact/Checking, Angling, Passing Systems*

For Birth Years 2008-2013

2014's may request waiver

Standard game equipment required for all players.

See you on the ice !!!

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NORTH AMERICAN HOCKEY SYSTEMS, INC.

GAME SITUATION CLINIC 2024

Level: *Birth Years 2008-2013*
2014's may apply - subject to coaches review and approval

Location: Albany County Hockey Training Facility

Dates: July 15 thru July 19

Days: Monday thru Friday 9am – 3pm

Fee: \$560

Questions and Info, Call Coach Secor at 518-441-1347 or Coach Randall Jr 518-524-1254

Text copy to 518-281-4811 or mail to address below
 Card payment click QR code or mail check to address below



N.A.H.S. INC.
200 Oakwood Ave
Troy, NY 12182

Phone: 518-281-4811

email: info@myhockeyskills.com

AC GS Clinic 2024

Name: _____ D.O.B.: _____ Age: _____

EMAIL: _____ Address: _____

City: _____ State: _____ Zip: _____

Parent's Names: _____ Cell/Day Phone: _____ Jersey Size: _____

Father: _____ Youth: Medium Large

Mother: _____ Adult: Small Medium

Experience - Current Level : _____ Years Played: _____

<p style="text-align: center;">Total due \$ 560</p> <p style="text-align: center;">Minimum Deposit (\$300) _____</p> <p style="text-align: center;">Balance Due By June 1st _____</p>

LIABILITY, IMAGING, AND MEDICAL RELEASE

In consideration of your permitting (Player) _____ to use Albany County Hockey Training Facility, Colonie, NY, for any purpose whatsoever, I hereby covenant and agree with North American Hockey Systems, Inc., the owners, officers, agents, and employees, and all persons engaged as instructors or administrators in any programs in which he/she may be a participant, to indemnify and hold harmless, each and everyone of them from and against all claims, liability, loss cost, damage and expenses which may in any way arise out of, or in connection with, the use by him/her of such facilities, including without limitation all claims he/she might have for personal injury or property damages to him/her or so arising. I understand that all video and photo images taken are the sole property of North American Hockey Systems, Inc., and may be used in promotional and instructional media. I also give consent to administer first aid and emergency transport to nearest medical facility.

Date: _____

Signature: _____

Parent or Guardian