



Genesis Hockey Development

Fill in the information below for your hockey player to receive future information about Genesis hockey development.

Player Name _____ Age and Division _____

Jersey Size: _____ Shirt Size: _____ Position Played: _____

Parent Name: _____ Phone Number: _____

Address: _____

City: _____ Zip: _____ Phone Number: _____

Email Address: _____ Do you utilize Facebook? Y or N

I would like to be contacted and kept informed of future GHD clinics, events and announcements. Thru email, text or social media.

My interest for the development of my child is in the following:

Overall skills development Positional development skating skills

Puck handling skills Shooting ability Hockey Sense Goalie Skills

To help in management on ice and in the organization of training we are attempting to get an idea of what parents would like for future involvement. The more commitment we have to the sessions the more power it gives us to keep costs low and the kids learning more. Please share with us your interest in future sessions

1- and done just wanted to try it 3 sessions 1 weekly on Sunday at 6 until EYHA begins

6-12 Sessions thru fall Winter to develop my Player outside of EYHA or other leagues offered training

20 Session Player builder 1 weekly thru hockey season fall – spring outside other leagues offered training

I would be more interested in weekend camps of 1- 3 days than committing weekly

Preference would be in 1 day camp 2 day camp 3 day camp

I thank you for your time, feedback and interest in Genesis Hockey Development. We will strive to meet your needs to build strong hockey players with respect, love and skill in the game to make our community proud.

Thank-you Coach T