

Checking Clinic

August 1st, 8th, 15th @ 7:40PM

Silverstein Eye Centers Arena

Before taking your game to the next level, it is essential to be able to give and receive checks and understand how to protect yourself and your opponent from injury.

Our checking clinics will provide body contact and checking skills designed to ease the transition into Bantams. These clinics will enhance your game so that you have the skills and confidence to play to the best of your abilities in tight, physical situations while also reducing the likelihood of injury.

Body contact and checking clinics are primarily designed for players entering their first season of body checking, but all Peewee and Bantam players are eligible to participate.



- Participants will receive 3 hours of on-ice professional instruction by Arena and Kansas City Mavericks Staff
- Coaches will focus on developing key skills including angling, positioning, technique, awareness and much more.
- A maximum of 32 participants will be allowed at each location and will be filled on a first come, first serve basis.
- Each clinic will have up to four coaches on the ice, creating a low player to coach ratio that facilitates one-on-one interaction.
- Registration fee is \$90 per player.

_____ Players Last Name	_____ Player First Name	_____ DOB
_____ Parents Names	_____ Email	
_____ Address	_____ City	_____ Zip
_____ Home	_____ Cell	

Questions? Contact Brandon Schultz at Brandon_Schultz@ComcastSpectacor.com

Checks Payable To Silverstein Eye Centers Arena: 19100 East Valley View Pkwy, Independence, MO 64055 / 816-442-6128

Terms & Conditions/Waiver Release of Liability - SECA has a no refund policy

Each person ("Participant") using the Silverstein Eye Centers Arena ("SECA") assumes all risk of personal injury, which may result from participation in all activities conducted at the SECA. The Participant will not hold the SECA, Kansas City Mavericks, or any of its officials, staff, owners, or proprietor, liable for injury, which the participant may sustain while participating in any activities, conducted at the SECA. The participant understands and agrees that the sports of ice hockey, ice-skating and all on-ice activities has physical dangers, which may result in serious injury or even death. The Participant is advised to carry medical insurance. The Participant certifies that he/she has no known medical condition, which would prohibit him/her from playing the sport of ice hockey or ice-skating

Signature: _____ Date _____