EST. 1977

MIKE GERAGOSIAN'S
2026-2027 FALL & WINTER

Brian's SPORTS ETC.

GERAGOALTENDING & PLAYER DEVELOPMENT

SUNDAYS HOLLAND ARENA • WOBURN, MA

Develop your skills with one of New England's premier hockey training programs. Mike Geragosian's All-American Goaltender & Player Skills Clinic provides high-level instruction designed to improve skating, technique, hockey IQ, confidence, and game performance for players of all levels.

29 SUNDAY SESSIONS

Session 1: September 13 – December 20, 2026 15 sessions

Session 2: December 27, 2026 – March 28, 2027 14 sessions

JUNIOR GOALIES & PLAYERS (AGES 13 & UNDER)

Sundays • 9:50 AM – 10:50 AM

Junior Goalies (AGES <13 YRS) (1A / 2A)

- Angles & Positioning
- Game Reads
- Save Selection
- Technique Development

Junior Players<13YRS (1B / 2B)

- Stickhandling & Hands
- Shooting Mechanics
- Skating Development
- Scoring Skills

Tuition: $65 Walk-On • $900 Prepaid (Per 15 Sessions)

SENIOR GOALIES (AGES 14+)

Sundays • 11:00 AM – 12:00 PM

High School • Prep School • Junior • College

Session 3A: Sept. 13 – Dec. 20, 2026

Session 3B: Dec. 27, 2026 – Mar. 28, 2027

Tuition: $65 Walk-On • $900 Prepaid (Per 15 Sessions)

SENIOR PLAYER (AGES 14+)

***Senior Player Training: Available by Appointment**

★ APPLICANT INFORMATION ★

NAME: _____ GENDER: ☐ M ☐ F

CAMP WEEK/DATES: _____ HEIGHT: _____

CAMP #: _____ WEIGHT: _____

ADDRESS: _____

CITY: _____ ZIP: _____ LEVEL: _____

STATE: _____ YEARS PLAYED IN HOCKEY: _____

HOME PHONE: _____ POSITION: _____

WORK PHONE: _____ THIS YEAR'S TEAM: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____

CHECK YOUR CLINIC:

☑ 1A___ 2A___ JR___ GOALIE
1B___ 2B___ JR___ PLAYERS
3A___ 3B___ SR___ GOALIES 14 YRS+

AGREEMENT, RELEASE, ASSUMPTION OF RISK & WAIVER

In consideration of being permitted to participate in the All American Goalie & Player Clinics (the "Clinic"), I, the undersigned participant and the parent/guardian of the minor participant, acknowledge, understand and agree as follows:

I understand that hockey and training activities involve INHERENT RISKS of serious injury, including but not limited to concussion, broken bones, cuts, sprains, paralysis, permanent disability and even death. I voluntarily assume all risks, known and unknown, that may arise out of or relate to my participation in the Clinic, including but not limited to those arising from (1) the nature of hockey and training activities, (2) the actions or inactions of other participants, coaches, instructors, staff or volunteers, (3) the condition of the facilities, equipment or premises, and (4) travel to and from the Clinic.

I hereby RELEASE, WAVE, DISCHARGE AND COVENANT NOT TO SUE All American Goalie & Player Clinics, Mike Geragosian, affiliated rinks, their owners, operators, employees, coaches, instructors, volunteers, agents and representatives (collectively, the "Released Parties") from any and all liability, claims, demands, actions or causes of any injury, illness, death, property damage or other loss I may sustain before, during or after the Clinic, including travel to and from the Clinic, even if caused in whole or in part by the negligence of the Released Parties.

I agree to INDEMNIFY AND HOLD HARMLESS the Released Parties from any and all claims, damages, losses, costs and expenses (including reasonable attorney's fees) arising out of or relating to my participation or the participation of the minor.

I certify that I (or my child) am physically able to participate in hockey activities. I understand it is my responsibility to inform the coaches of any medical conditions or limitations.

I have read this Agreement, understand it fully, and agree that it shall be binding on me, my heirs, assigns and legal representatives.

X _____ _____

SIGNATURE (PARENT/GUARDIAN) DATE

PARENT/GUARDIAN CONSENT (IF APPLICABLE)

I am the parent/guardian of the above-named minor and I consent to their participation in the All American Goalie & Player Clinics. I agree to all terms of this Agreement on behalf of myself and the minor.

X _____

SIGNATURE (PARENT/GUARDIAN)

DATE _____

MEDICAL INSURANCE: _____

POLICY #: _____

A NON-REFUNDABLE FEE OF $200 IS REQUIRED TO ENROLL FOR EACH STUDENT. PLEASE MAKE A CHECK PAYABLE TO: "MIKE GERAGOSIAN" AND MAIL TO:

P.O. BOX 494
WAKEFIELD, MA 01880

OR VENMO
"MICHAEL.GERAGOSIAN@GERAGOALTENDING"

Brian's Custom Sports GOALIES-ONLY.COM

(978) 681-6355

GeraGoaltending.com

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SPORTS ETC.

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