

The Laura Stamm Power Skating Clinic

This intensive clinic is six to eight hours over three days of all on ice instruction. The student to instructor ratio is eight to one or better (max. group size 34) insuring individual attention for each student. The focus is on developing the proper skating technique as refined by Laura Stamm.

What to Expect

This is not a conditioning clinic. Our focus is on developing proper skating technique and teaching the players the concepts behind the techniques so they can better understand the system. We start by slowing the players down and teaching them the correct way of skating. Then we bring the player back up to speed, then add in a puck, and then put them into game type situations. The players will develop a Longer stride, use Less energy, and will be able to skate Faster!

**ONLY PERFECT
PRACTICE MAKES
PERFECT**

Praise for Laura Stamm

“I studied with Laura for ten years. I learned more from the first hour with Laura than from all the other hockey schools I had ever been to.”

- Doug Brown

“To be honest, I was happy just to get drafted. Laura Stamm was the one who showed me how to get an extra step. That helped get me into the NHL.”

- Luc Robitaille

“Laura Stamm’s Power Skating System can help anyone from novice to pro - It helped put me in the NHL.”

- Kevin Dineen

“I was invited to the LA Kings training camp, but wasn’t drafted. The Kings hired Laura Stamm to work on my skating. That was the boost that helped me make it to the NHL.”

- Steve Duchesne

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KALAMAZOO MI
PERMIT NO 307



714 Locust St.
Kalamazoo, MI 49007



www.laurastamm.net
800.320.9558

Michigan

- ★ Detroit - Livonia Eddie Edgar
December 28-30 2009 \$195
Ages 7-Adult Mon-Wed 10:30 am - 12:30 pm
- ★ Detroit - Mount Clemens Ice Arena
December 28-30 2009 \$195
Ages 7-Adult Mon-Wed 2:30-4:30 pm
- ★ Grand Rapids South Side
December 28-30 2009 \$195
Ages 7-Adult Mon-Wed 1-3 pm

Wisconsin

- ★ Kenosha - Pleasant Prairie IcePlex
December 28-30 2009 \$195
Ages 7-Adult Mon - Wed 11 am - 1 pm

Be sure to check our website www.laurastamm.net for availability and schedule updates.

Learn Laura Stamm Power Skating On-line!

www.laurastamm.net is a great resource for Power Skating tips to help keep you sharp before and after our Power Skating clinics.

Mission Statement

To provide the best Power Skating instruction for Hockey players in the world. We demand that our staff be highly skilled and professional at all times to ensure the best possible results for our students.

How To Register

- Register online: www.laurastamm.net
- Pay by credit card or check online
 - For family or multi clinic discounts
 - Call for online group rates
 - Check online for clinic availability

Send Registration / Payment

Fax: (269)226-9190
 Mail to: Laura Stamm Power Skating
 714 Locust St.
 Kalamazoo, MI 49007

Please Note

1. Laura Stamm Power Skating reserves the right to reassign students into different groups, or adjust or combine groups as necessary. Students are notified prior to start of clinic.
2. **Full Hockey gear, sticks and helmets are mandatory.**
3. Please Check online for possible time changes before attending clinics.

Waiver

In consideration of being allowed to participate as a student, instructor, counselor, assistant, or volunteer (herein called "participant") in a Power Hockey, L.L.C. or Laura Stamm Power Skating, Inc. ("LS") program, the undersigned acknowledges and agrees that:

1. The sports of ice-skating, ice hockey, in-line skating and dry land sporting activities have inherent physical risks that may result in serious damage, personal injury, paralysis, or death. Using proper equipment, following the rules and exercising discipline will reduce the risks.
2. I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my or my child's participation. I willingly agree that my child and/or I will comply with the stated and customary terms and conditions for participation. I however recognize that doing so will not eliminate all risk from the activities. If, however, I observe any unusual significant hazard during my presence I will remove myself or my child from participation and will immediately bring such hazard to the attention of the nearest official.
3. Participant will not hold LS or any of its employees, officials, owners, managers, proprietors, and designees, Skate Great Hockey, Inc., Laura Stamm International Power Skating System, Laura Stamm, or the ice rink or employees of the ice rink used by LS, liable for injury that the student may sustain, at, or relating to any LS activity.
4. Participant is responsible for any and all medical costs for any injuries arising from or around LS activities.
5. Participant has no known medical condition that restricts or prohibits participation on ice hockey, ice skating, in-line-skating or any related activity. Nor does Participant have any known medical condition which puts him or her at greater risk of injury or death resulting from any risks associated with participating in the clinic, whether such risks are known or unknown to parent or participant. LS recommends a medical examination before participation.

6. Participant shall act in a mature and responsible manner. Any behavior that LS deems to endanger the safety of other persons or property, or jeopardize the LS ability to reasons: a) financial delinquency; b) failure to abide by all LS and ice rink rules and directives; c) falsification of registration information.
7. LS may use, without compensation to the undersigned or participant, any photo, audio and/or video recording of any LS activity in which the Participant appears, for promotional, advertising or educational purposes.
8. I understand that neither LS nor the ice facility are responsible for any loss or damage to personal items at the rink.
9. The undersigned acknowledges that LS owners, managers, agents and representatives have made no representation, warranties, inducements or promises which are not contained herein and that this signed form represents the entire Agreement between the undersigned and LS.
10. In the case of a medical emergency I give permission for LS, its officers, employees, instructors, and agents to seek medical attention for myself (if over 18) or my child, if I, the parent or legal guardian, am absent. I have read this agreement, fully understand its terms, and sign below voluntarily and without inducement.

X _____
 Signature of Parent or Guardian (Self if over 18) Date

 Print Parent/Guardian Name (self if over 18)

Registration Form

Student Name _____ Clinic Start Date _____

Address _____ Clinic City & Rink _____

City _____ State _____ Zip _____ Payment Method: Check Visa MC Discover Amount \$ _____

Age _____ Level of Play (house/travel) _____ Card # _____

Parents Name _____ Exp. Date (m/y) _____

Email Address _____ Card Holder Signature **X** _____

Phone (Day) _____ (Eve) _____ Card Holder Name _____