

## Hatfield Ice Programs

- Group Skating Lessons
- Hockey Skating Lessons
- Kindergarten Hockey League
- Learn to Play Hockey
- Goalie Clinics
- Youth Fall Hockey League
- Youth Spring Hockey League
- Spring School Hockey League
- Adult Spring Hockey League
- Spring & Summer Figure Skating Hours

### Cancellation & Credit Policy

NO REFUNDS OR CREDITS WILL BE ISSUED FOR THIS HATFIELD ICE PROGRAM.



**Come Play in Our World!**

Hatfield Ice  
350 County Line Rd.  
Colmar, PA 18915  
215-997-9797  
[www.hatfieldice.com](http://www.hatfieldice.com)

Hatfield Ice  
Presents  
**SPRING 2017  
Checking Clinic**



**Wednesdays  
May 3rd, 10th, 17th  
& 24th, 2017**

**7:20pm - 8:20pm**

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## Clinic Details

This clinic will be 4, one hour sessions. The purpose of this clinic is to teach the basic techniques for safe & proper body checking.

Instruction will cover angling & footwork with emphasis on both delivering and receiving a check. This program is not for beginners.

**SPACE IS LIMITED  
TO FIRST 25 SKATERS**

## INSTRUCTORS

### Coach Chris Orlando

- ◆ USA Hockey Level 5 Coaching Certification
- ◆ Ice Dogs ACE Coordinator
- ◆ Hatfield Ice Hockey Director

### Coach Scott Salamon

- ◆ Hatfield Ice Instructor
- ◆ USA Hockey Level 2 Coach

## Dates/Time

**WEDNESDAYS**

**Dates:** May 3rd, 10th,  
17th & 24th, 2017

**Time:** 7:20 PM - 8:20 PM

**Cost:** \$80 Per Skater  
For ALL 4 Classes

**Clinic Limit:** 25 Skaters

\* This clinic is limited to the first 25 skaters to sign up ages 12+.

## ONLINE REGISTRATION

Please go to [www.hatfieldice.com](http://www.hatfieldice.com) and click ONLINE REGISTRATION on our homepage.



## 2017 Spring Checking Clinic

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Any Medical Problems: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Current Team & Level: \_\_\_\_\_

# Years Playing Experience: \_\_\_\_\_

### MEDICAL RELEASE FORM

I hereby authorize Hatfield Ice to make any and all decisions regarding the emergency treatment (based upon recommendation of a licensed physician)

**Name:** \_\_\_\_\_

And sign the necessary hospital form in order to obtain prompt release. In case of an emergency, I can be reached at the following phone number:

Phone Number \_\_\_\_\_

Player's Signature \_\_\_\_\_

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ISSUED FOR THIS  
HATFIELD ICE PROGRAM.**

**Make Checks payable to:** HATFIELD ICE

IN consideration of the participant being permitted to register and participate in this Hockey League at Hatfield Ice, we do hereby forever release and discharge its Directors, Agents, Employees and person or corporation or partnership connected herewith from all manner of action, injury, damage, claims, or demands which will, shall or may hereafter have, suffer or receive by reason of such participation in any program at Hatfield Ice World. This release shall be binding on our heirs, assigns, executors and administrators. It is further agreed that Ice World shall not be considered to guarantee or warrant such equipment as may be used in conducting said programs.

**All applications require participant signature.**

Signature \_\_\_\_\_

Date \_\_\_\_\_