

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

Hatfield Ice Presents **SPRING 2019 Checking Clinic**



**Wednesdays
May 1st, 8th, 15th
& 22nd, 2019**

7:20pm - 8:20pm

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350 County Line Road
Colmar, PA 18915
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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

Chris Orlando:

- ◆ USA Hockey Level 5 Master Coach
- ◆ Hatfield Ice Hockey Director
- ◆ Genesis Hockey Club Director
- ◆ Nichols College (NCAA)
- ◆ West Chester University (ACHA)

Kenny Orlando:

- ◆ USA Hockey Level 5 Master Coach
- ◆ Hatfield Ice Assistant Hockey Director
- ◆ Villanova University Head Coach
- ◆ SUNY-Canton (NCAA)
- ◆ Temple University (ACHA)

Dates/Time

WEDNESDAYS

Dates: May 1st, 8th,
15th & 22nd, 2019

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 and click ONLINE REGISTRATION on our homepage.



2019 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 _____

Cancellation & Credit Policy

**NO REFUNDS OR CREDITS WILL BE
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 _____