

Hatfield Ice Programs

- Group Skating Lessons
- Hockey Skating Lessons
- Checking Clinics
- 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!

www.hatfieldice.com

Hatfield Ice
350 County Line Rd.
Colmar, PA 18915
215-997-9797

Hatfield Ice
Presents

2018 College Development Skills Clinic



**August 3rd, 10th,
17th, 31st, 2018**

**6:00pm - 7:00 pm
Ages 14 - 18**

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350 County Line Road
Colmar, PA 18915
215-997-9797
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Villanova Coaches:

Kenny Orlando:

- ◆ USA Hockey Level 4 Coaching Certification
- ◆ Hatfield Ice Assistant Hockey Director
- ◆ SUNY Canton NCAA D3 Player
- ◆ College Coaching Experience:
-Temple University Assistant Coach
-Villanova University Head Coach

Tyler George:

- ◆ USA Hockey Level 4 Coaching Certification
- ◆ Hatfield Ice Goalie Instructor
- ◆ Junior A Hockey Goalie
- ◆ College Coaching Experience:
-Villanova University Assistant Coach

Mike Martelli:

- ◆ USA Hockey Level 1 Coaching Certification
- ◆ Junior A Hockey Player
- ◆ College Coaching Experience:
-Villanova University Assistant Coach



Dates & Time

Dates: Friday August 3rd,
10th, 17th & 31st

Time: 6:00 PM - 7:00 PM

Limit: 30 Skaters

Cost: \$80 for all 4 Classes
*\$25 Walk Up Fee **

* Walk Ups will be limited to Space Availability

Clinic Details

This clinic will run for 4, one hour sessions throughout August and will prep Bantam through Midget players for college hockey in the following areas:

- Puck Handling
- Shooting
- Conditioning
- Small Area Battles

The coaching staff from Villanova University will focus on vital areas of the game for your player to succeed at the next level.

Players should have travel hockey experience. Players from Light Travel, Club Travel and School level teams are welcome to participate.

2018 Skills Clinic

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____

E-mail: _____

Any Medical Problems: _____

DOB: ____/____/____ Age: _____

Current Team & Level: _____

Paid \$80 OR \$25 walk up fee (**Please circle**)

MEDICAL RELEASE FORM

I hereby authorize Hatfield Ice to make any and all decisions regarding the emergency treatment (recommendation by 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 _____

Parent's Signature _____

**Make Checks payable to: HATFIELD ICE
Credit Card payments can only be made with a VI-SA or MASTERCARD, in person, at 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 _____