

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!

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

Hatfield Ice Presents **2017 Youth ELITE Hockey Clinic**



**June 29th,
July 6th, 13th, 2017**

6:10pm - 7:10pm

2003-2008 Birth Years

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350 County Line Road
Colmar, PA 18915
215-997-9797
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Instructors

Chris Orlando:

- ◆ USA Hockey Level 5 Master Coach
- ◆ Hatfield Ice Hockey Director
- ◆ Ice Dogs ACE Coordinator

Ken Orlando Sr:

- ◆ USA Hockey Level 5 Master Coach
- ◆ Ice Dogs Head Coach 2002-2015

Rich Orlando:

- ◆ USA Hockey Level 5 Master Coach
- ◆ Ice Dogs Head Coach 2002-2014

Ken Doak:

- ◆ USA Hockey Level 4 Coach
- ◆ Ice Dogs Head Coach 2013-2016



Dates/Time

Dates: Thursdays

June 29th, July 6th, 13th, 2017

Time: 6:10pm - 7:10pm

2003-2008 Birth Years

Cost: \$60 for all 3 Classes
*\$25 Single Session**

Online Registration Available

* Walk ups will be limited to space
availability*

ELITE Clinic Details

This clinic includes (4) one hour sessions
and will cover the following skills:

- **High Tempo Skating**
- **Passing & Stick Handling**
- **Shooting to Score**
- **Team Drills & Competition**

This is for TRAVEL players ages Squirt –
Bantam who want to improve their skating
and skills. Get a head start on the Fall
Season!

2017 Elite Hockey Clinic

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____

E-mail: _____

Any Medical Problems: _____

DOB: ____/____/____ Age: _____

Playing Experience: _____

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 _____

Parent's Signature _____

Cancellation & Credit Policy

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HATFIELD ICE PROGRAM.**

**Make Checks payable to: HATFIELD ICE
Credit Card payments can only be made with a
VISA, MASTERCARD, or DISCOVER 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