

Hatfield Ice

Hatfield Ice is the proud home of:

- Team Genesis
- Villanova Ice Hockey
- Suburban High School Hockey
- Ice Hawks Light Travel
- Hatfield Ice In House Hockey
- The Skating School at Hatfield Ice
- Philadelphia Symmetry
- Liberty Figure Skating Club



Fitness Center Hours:

Monday - Friday

6:00 am - 10:00 pm

Saturday & Sunday

7:00 am - 10:00 pm

**Off Ice
Training
& Conditioning**
for
**Figure
Skaters**



(215) 997-9797

Wednesdays

March

6th, 13th, 20th and 27th

Figure Skating Off Ice Training and Conditioning

These sessions will serve as an introductory fitness class. Participants will gain an understanding of basic exercises as well as correct posture and technique. Full body stability, jumping mechanics and the aerobic system will be trained. The environment will be fun and educational for the young beginner athlete.

Fitness trainer: Mike Riciolli



Figure Skating Off Ice Training



Wednesdays
(6:15—7:15pm)

March
6, 13, 20 and 27th

Class is limited to 12 participants

4 Wednesday Sessions \$50
\$60 if signed up Friday 3/4 and later



March Figure Skating Off Ice Training

Name: _____
Address: _____
City: _____ Zip: _____
E-mail: _____
Date of Birth: _____ Age: _____
Parent Names: _____
Parent Cell Phone: _____

4 Wednesday Sessions \$50

\$60 if signed up Friday 3/4 and later

Method of Payment

- Cash Visa
 Check # _____ MasterCard

Make Checks payable to: Hatfield Ice
CREDIT CARD PAYMENTS CAN ONLY BE MADE
WITH A VISA OR MASTERCARD, IN PERSON, AT
HATFIELD ICE.

In consideration of the foregoing, I, for myself, my heirs, executors, administrators, personal representatives, successors and assigns, waive and release any and all rights, claims, and causes of action I have or may have against Hatfield Ice and its affiliates, their agents, employees, volunteers, officers, directors, successors and assigns, Hatfield Ice, RRCA, and any and all sponsors, their representatives and successors, that may arise as a result of my participation in this Hatfield Ice Training Program and any pre and post training activities. **I attest and verify that I am physically fit and a licensed medical doctor has verified my physical condition.** Further, I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, recordings or any other record of this program for any legitimate purpose, including commercial advertising without monetary payment to me. (This information is protected by the Privacy Act.)

Signature _____
(Parent or Guardian if under 18)

Date _____