

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

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 Spring Girls Skills Hockey Clinic**



For All Age Levels

**Monday Nights
May 15th - June 26th
6:10pm - 7:10pm**

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Colmar, PA 18915
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Instructors

Coaching Staff:

- Brian Peca - Ice Dogs Girls Coach
- Casey McCullion - CB West Coach
- JoAnne Seifert - Ice Dogs Girls Coach
- Fred Koelzer - Ice Dogs Girls Coach
- Lansdale Girls Coaching Staff

Together, the staff at Hatfield Ice will focus on all of the skills players will need to take their game to the next level!

Online Registration

You may register for this program on our website. Please go to www.hatfieldice.com and click ONLINE REGISTRATION on our homepage.



Dates & Time

Day: Monday Nights

Dates: 5/15, 5/22, 6/5, 6/12,
6/19, 6/26

Time: 6:10pm - 7:10pm

Age Levels: ALL Ages!

Skaters: \$99 for all 6 Classes
*\$25 Single Class Fee**

Goalies: \$60 for all 6 Classes
*\$25 Single Class Fee**

Skills Clinic Details

This clinic will run 6, one hour sessions and is designed for players ages 6 - 16 who want to improve their skating & skills and have some fun!

Additionally, we will be offering Goalie Instruction for all Goalies attending. Girls who would like to try the Goalie position are welcome!

2017 Spring Girls Skills 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 _____

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**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 _____