

Hatfield Ice Programs

- Group Skating Lessons
- Hockey Skating Lessons
- Private Lessons
- Learn to Play Hockey
- Kindergarten Hockey League
- Youth & Adult Skill Clinics
- Goalie Clinics
- Fall & Spring Youth Hockey Leagues
- Fall & Spring Adult Hockey Leagues
- Spring School Hockey League
- Figure Skating Hours - Year Round
- Public Events - Year Round



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
The K.H.L.
KINDERGARTEN HOCKEY
LEAGUE



**Cross Ice Beginner
Ice Hockey for Ages 4 – 6**

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Instructor

Chris Orlando:

- ◆ USA Hockey Level 5 Master Coach
- ◆ Hatfield Ice Hockey Director
- ◆ Ice Dogs ACE Coordinator
- ◆ West Chester University Ice Hockey Team

Dates / Times & Cost

Thursdays

FALL Session

October 13th - December 22nd, 2016

WINTER Session

January 12th - March 16th, 2017

SPRING Session

March 23rd - May 25th, 2017

SUMMER Session*

June 1st- June 29th, 2017

Times: AM Session: 9:00 - 10:00am
 PM Session: 2:20 - 3:20pm

Cost: \$150.00 Per Player
 *Summer Session \$80.00 Per Player

About the K.H.L

- Affordable beginner Hockey for players ages 4 - 6
- 10 Classes: Thursdays 9:00 - 10:00am or 2:20 - 3 :20 pm
- Summer Session- 5 Classes
- Jersey included for 1st sign up.
- Supervised by Coach Chris
- Once a week scrimmage
- End of Session Party

Player Requirements

Players should have learned the basics of skating before entering this program. We recommend that players pass the Snowplow skating level or better in our Group Lesson Program.

Players must be approved by Chris Orlando before signing up for this program. Please contact Chris for more details: 215-997-9797, Ext. 104

Equipment

FULL EQUIPMENT IS REQUIRED FOR ALL PLAYERS. RENTAL EQUIPMENT FOR PLAYERS AGES 8 & UNDER IS AVAILABLE, BUT LIMITED. CONTACT CHRIS ORLANDO FOR MORE DETAILS: 215-997-9797, Ext 104

2016 - 2017 Kindergarten Hockey

Name: _____
 Address: _____
 City: _____ Zip: _____
 Phone: _____
 E-mail: _____
 School District: _____
 Any Medical Problems: _____
 DOB: ____/____/____ Age: _____
 Group Lesson Level: _____

SESSION – Please circle one

FALL:	AM	PM
WINTER:	AM	PM
SPRING:	AM	PM
SUMMER:	AM	PM

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 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 here with 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. This release shall be binding on our heirs, assigns, executors and administrators. It is further agreed that Hatfield Ice shall not be considered to guarantee or warrant such equipment as may be used in conducting said programs.

All applications require participant or parents signature.

Signature _____

Date _____