

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:

Learn to Play Hockey

Fall 2017 - Session #2



Skaters & Goalies
Ages 16 & Under

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About Learn to Play

The Learn to Play Hockey Program focuses on the Basic Hockey Skills needed to advance to our In-House and Travel hockey programs.

Basic skills such as stick handling, passing, shooting & proper positioning will be taught. Small games and scrimmages will take place at the end of each class.

We also offer goalie training.

Instructors

Coch Chris Orlando

- ◆ USA Hockey Level 5 Coaching Certification
- ◆ Hatfield Ice Hockey Director
- ◆ Ice Dogs ACE Coordinator

Goalie Coach Will Paul

- ◆ 5 Years of Goalie Coaching Experience
- ◆ Level 1 USA Hockey Coaches Certification



Dates/Time & Cost

Saturdays

Dates: October 28th – December 16th

NO CLASS 11/25

Time: 1:30pm - 2:30pm

Registration Fee:

\$155

Early Registration Fee:

\$145

**The \$145 early registration fee applies to
Any skater signed up for Session 2 on or before**

Sunday, October 22nd.

Online Registration Available

Program Details

- For Skaters & Goalies Ages 16 & Under
- 7 On-Ice sessions & program jersey for first time sign ups
- Players will be broken up into age groups to maximize ice time.
- Skaters should have passed the Hockey 2 skating level or better in our Group Lesson Program to get full benefit of the Learn to Play program.
- Please arrive 30 minutes prior to class.

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

Fall 2017 - Session #2

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____

E-mail: _____

Any Medical Problems: _____

DOB: ____/____/____ Age: _____

Goalie? (Please Circle) YES NO

Playing Experience: _____

Group Lesson Level: _____

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 _____