

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!

www.hatfieldice.com

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

Hatfield Ice Presents 2017 Youth Super Skills Clinic



**June 2nd, 9th, 16th
& 23rd, 2017**

6:15pm - 7:15pm

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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

Scott Salamon:

- ◆ Temple University (ACHA)
- ◆ USA Hockey Level 2 Coach
- ◆ Hatfield Ice Program Director

Kenny Orlando:

- ◆ SUNY-Canton (NCAA)
- ◆ Temple University (ACHA)
- ◆ Hatfield Ice Instructor

Mike Riccioli:

- ◆ USA Hockey Level 3 Coach
- ◆ Hatfield Ice Instructor



Dates/Time

Dates: Fridays

June 2nd, 9th, 16th, 23rd, 2017

Time: 6:15pm - 7:15pm

Cost: \$80 for all 4 Classes
*\$25 Walk Up Fee**

* Walk ups will be limited to space availability*

Skills Clinic Details

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

- **Power Skating**
- **Passing & Stick Handling**
- **Shooting**
- **Team Drills & Competition**

This is for In-House and Light Travel players ages Mite—Midget who want to improve their skating and skills. Get a head start on the Fall Season!

2017 Super 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