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



Cancellation & Credit Policy

NO REFUNDS OR CREDITS
WILL BE ISSUED FOR THIS
HATFIELD ICE PROGRAM





Come Play in Our World!

350 County Line Rd. Colmar, PA 18915 215-997-9797 www.hatfieldice.com

Hatfield Ice

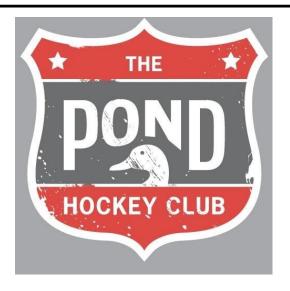
Presents:

2017 Youth

Spring

Peewee

Pond Hockey



Peewee Ages 12 & Under

Hatfield Ice 350 County Line Road Colmar, PA 18915 215-997-9797 www.hatfieldice.com

Peewee Pond Hockey

The objective of this program is to offer a fun and alternative way to enjoy time on the ice. Peewee Pond Hockey is a great way to stay on the ice in a fun & less structured environment than practices. Come think outside of the box and try something new!

Pond Hockey is an organized pick-up hockey game. This game will be played cross-ice with mininets. Standard nets with goalies will be used if applicable.

Instructors

Coach Chris Orlando

- ♦ USA Hockey Level 5 Master Coach
- ◆ Hatfield Ice Hockey Director
- ♦ Ice Dogs ACE Coordinator

Coach Scott Salamon Jr.

- ◆ USA Hockey Level 2 Coaching Certification
- ♦ Hatfield Ice Program Director



Dates/Time & Cost

Thursdays

Dates: 4/27, 5/4, 5/11, 5/18, 5/25, &

6/1

Time: 7:20pm - 8:20pm

Cost: \$65/Per Player \$20/Per Goalie

Program Details

- > For Peewees ages 12 and Under
- ➤ 6 Weeks of Pond Hockey
- Open to all skill levels
- Less Structure & More Fun!
- Fun & Alternative way to stay on the ice!



Equipment

FULL EQUIPMENT IS REQUIRED FOR ALL PLAYERS.

CONTACT CHRIS ORLANDO FOR MORE DETAILS: 215-997-9797, Ext 104

Peewee Pond Hockey

Name:

rtaine.
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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PROGRAM

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 execute the posturement as murear to a posturement as murear to a program as a more to a more discontinuous confidence for executions.

All applications require participant or parents signature.

Signature Date