

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!

Hatfield Ice
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**

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350 County Line Road
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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 mini-nets. 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: _____

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 guarantee or warrant such equipment as may be used in conducting said programs.

All applications require participant or parents signature.

Signature _____

Date _____