

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!

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

Hatfield Ice
Presents
**2018
Stickhandling
Clinic**
featuring
Kenny Orlando



**August 6th, 13th,
20th, 27th, 2018**

**6:00pm - 7:00 pm
All Ages Welcomed**

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Colmar, PA 18915
215-997-9797
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Coaches:

Head Instructor:

Kenny Orlando

- ◆ USA Hockey Level 4 Coaching Certification
- ◆ Hatfield Ice Assistant Hockey Director
- ◆ SUNY Canton NCAA D3 Player
- ◆ Villanova University Head Coach
- ◆ Strength: Stickhandling

Assistant Instructor:

Tyler George

- ◆ USA Hockey Level 4 Coaching Certification
- ◆ Hatfield Ice Goalie Instructor
- ◆ Junior A Hockey Goalie
- ◆ Villanova University Assistant Coach
- ◆ Strength: Puck Protection

Assistant Instructor:

Scott Salamon

- ◆ USA Hockey Level 4 Coaching Certification
- ◆ Hatfield Ice Program Coordinator
- ◆ College Hockey Goalie
- ◆ Strength: Puck Control



Dates & Time

Dates: Monday August 6th,
13th, 20th & 27th

Time: 6:00 PM - 7:00 PM

Limit: 30 Skaters

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

* Walk Ups will be limited to Space Availability

Clinic Details

This clinic will run for 4, one hour sessions throughout August and is designed to increase all players abilities with the puck:

- **Stick Handling**
- **Puck Control**
- **Puck Protection**

Hatfield Ice's coaching staff aims to teach vital stickhandling skills that will help each player improve their game in areas of possessing the puck.

Players should have hockey experience. Players from Learn To Play, Inhouse Programs, Light Travel, Club Travel and School level teams are welcome to participate.

Stickhandling Clinic

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____

E-mail: _____

Any Medical Problems: _____

DOB: ____/____/____ Age: _____

Current Team & Level: _____

Paid \$80 OR \$25 walk up fee (**Please circle**)

MEDICAL RELEASE FORM

I hereby authorize Hatfield Ice to make any and all decisions regarding the emergency treatment (recommendation by 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 _____

Make Checks payable to: HATFIELD ICE
Credit Card payments can only be made with a VI-SA 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 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 _____