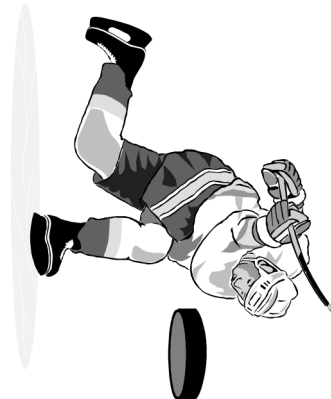


Hatfield Ice Programs

- ◆ Learn to Skate Programs
- ◆ Hockey Skating Lessons
- ◆ Hockey Clinics
 - Learn to Play
 - Checking
 - Goaltending
 - Stick Handling
 - Shooting
- ◆ Leagues
 - Youth Winter, Spring Summer Hockey Leagues
 - Adult Winter, Spring Summer, Open, Draft Hockey Leagues
 - Figure Skating Hours (Year-Round)

Cancellation Policy

Any participant canceling before 6/29/24 will receive a refund, **less a \$150 administrative fee.** After 6/30/24 no refunds will be given.



Come Play in Our World!

Hatfield Ice
350 County Line Rd.
Colmar, PA 18915



PRESENTS THE:

CHRIS



ORLANDO

July 8th-12th, 2024

*Hatfield Ice
350 County Line Road
Colmar, PA 18915*

215-997-9797

INSTRUCTORS

Chris Orlando: Head Instructor

- ◆ USA Hockey Level 5 Master Coach
- ◆ Hatfield Ice Hockey Director
- ◆ Genesis Hockey Club Director
- ◆ Genesis 16UAA Head Coach

CAMP FEATURES

Each Day Includes:

- ◆ Innovative Skill Development
- ◆ Passing With Accuracy
- ◆ Progressive Puck-Handling
- ◆ Shooting To Score
- ◆ Specialized Goalie Training
- ◆ Small Area Competitive Games
- ◆ Off Ice Strength, Conditioning, & Plyometric Training
- ◆ Outdoor Fun & Games
- ◆ Friday End of Camp Hockey Game



JULY 8th-12th

DAILY CAMP SCHEDULE:

- ◆ 2.5 + Hours of On Ice Skill Development Daily
- ◆ Off-Ice Strength/Conditioning
- ◆ Lunch
- ◆ Classroom/Activities

Daily camp sessions begin as early as 8:00 am & end as late as 4:00 pm.

COST:

- ◆ **\$430/Week - Skaters**
(If registered on/or before June 29th, 2024)
- ◆ **\$460/Week - Skaters**
(If Registered on/or after June 30th, 2024)
- ◆ **\$225/Week - Goalies**

All participants must pay IN FULL at the time of registration.

PLAYERS :

- ◆ Must have gym shorts, t-shirts, & athletic shoes for off ice activities.
- ◆ Must supply their own lunch. Lunches are available at the Rinkside Café.

COHA CAMP 2024

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____

E-mail: _____

Current Team Affiliation: _____

Years Playing Experience _____ D.O.B. ___/___/___

Jersey Size: (Circle One) YXL AS AM AL AXL

Goalie: (Circle One) YES NO

Any Medical Problems: _____

MEDICAL RELEASE FORM

I hereby authorize the director of the camp 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:

Emergency Phone Number _____

Method of Payment

Cash Credit

Check # _____

Make Checks payable and mail to: 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.