

## 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](http://www.hatfieldice.com)

## Hatfield Ice Presents **2021 Defenseman Clinic**



**August 4th, 11th, 18th  
& 25th, 2021**

**7:20pm - 8:20pm**

Hatfield Ice  
350 County Line Road  
Colmar, PA 18915  
215-997-9797  
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## Instructor

### Chris Orlando:

- ◆ USA Hockey Level 5 Master Coach
- ◆ Hatfield Ice Hockey Director
- ◆ Genesis Hockey Club Director
- ◆ Nichols College (NCAA)
- ◆ West Chester University (ACHA)

### Scott Salamon:

- ◆ USA Hockey Level 4 Coach
- ◆ Hatfield Ice Program Director
- ◆ Hatfield Ice Instructor
- ◆ Temple University (ACHA)



## Dates/Time

**Dates:** August 4th, 11th, 18th  
& 25th, 2021

**Time:** 7:20 PM - 8:20 PM

**Cost:** \$85 for all 4 Classes  
*\$25 Single Class Fee \**

\* Single Class will be limited to Space Availability  
**Online Registration Also Available**

## Clinic Details

This clinic will run for 4, one hour sessions and will cover the following areas:

- **Backwards Skating**
- **Gap Control**
- **Decision Making**
- **Offensive Zone Point Shots**
- **Defensive Zone Coverage**
- **Situational Hockey**

This clinic will focus on the skills, techniques and mindset necessary to become a better all around defenseman. From starting the breakout in the defensive zone to getting shots through from the point in the offensive zone, this clinic will help you take the next step at the position.

**This clinic is for the experienced hockey player only and is not for beginners. Players from Light Travel, Club Travel and School level teams are welcome.**

## 2021 Defenseman 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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HATFIELD ICE PROGRAM.**

**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 \_\_\_\_\_