## 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.



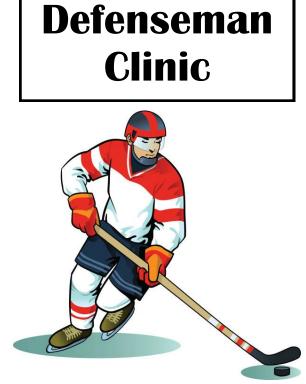


Colmar, PA 18915 215-997-9797 www.hatfieldice.com

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County

Hatfield Ice



Hatfield Ice

Presents

2024

August 7th, 14th, 21st & 28th, 2024

7:20pm - 8:20pm

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

**Come Play in Our World** 

### 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 7th, 14th, 21st & 28th, 2024
- **Time:** 7:20 PM 8:20 PM
- **Cost:** \$90 for all 4 Classes \$30 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 <u>not for beginners</u>. Players from Light Travel, Club Travel and School level teams are welcome.

#### **2024 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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Make Checks payable to: HATFIELD ICE Credit Card payments can only be made with a VISA, MASTERCARD, or DISCOVER, in person, at Hatfield Ice.

All applications require participant signature.

IN consideration of the participant being permitted to register and participant in this Hockey League at Haffield lee, 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 Haffield lee World. This release shall be binding on our heirs, assigns, executors and administrators. It is further agreed that lee World shall not be considered to guarantee or warrant such equipment as may be used in conducting said programs.