

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
- Summer College Elite League
- Figure Skating Hours - Year Round
- Public Events - Year Round



Refund 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:

Learn to Play Hockey

Spring 2024 - Session #5



**Skaters & Goalies
Ages 16 & Under**

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About Learn to Play

The Learn to Play Hockey Program focuses on the Basic Hockey Skills needed to advance to our In-House and Travel hockey programs.

Basic skills such as stick handling, passing, shooting & proper positioning will be taught. Small games and scrimmages will take place at the end of each class.

We also offer goalie training.

Instructors

Coach Chris Orlando

- ◆ USA Hockey Level 5 Coaching Certification
- ◆ Hatfield Ice Hockey Director
- ◆ Genesis Hockey Club Director

Coach Scott Salamon

- ◆ USA Hockey Level 4 Coaching Certification
- ◆ Hatfield Ice Program Coordinator

Goalie Coach Will Paul

- ◆ 5 Years of Goalie Coaching Experience
- ◆ Level 1 USA Hockey Coaches Certification



Dates/Time & Cost

Wednesdays

Dates: April 24th - June 5th

Time: 6:10pm - 7:10pm

Registration Fee: \$180

Early Registration Fee: \$165

The \$165 early registration fee applies to Any skater signed up for Session 5 on or before Sunday April 14th.

Program Details

- For Skaters & Goalies Ages 16 & Under
- 7 On-Ice sessions
- Players will be broken up into age groups to maximize ice time.
- Skaters should have passed the Hockey 2 skating level or better in our Group Lesson Program to get full benefit of the Learn to Play program.
- Please arrive 30 minutes prior to class.

Equipment

FULL EQUIPMENT IS REQUIRED FOR ALL PLAYERS. EXCEPT FOR SKATES, WE WILL NOT BE ABLE TO PROVIDE RENTAL EQUIPMENT AT THIS TIME.

Spring 2024 - Session #5

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 _____

**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 _____