

## 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 **2023 Youth Super Skills Clinic**



**Wednesdays  
June 7th, 14th, 21st  
& 28th, 2023**

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Colmar, PA 18915  
215-997-9797  
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## Instructors

### 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: Wednesdays**

June 7th, 14th, 21st, 28th, 2023

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

**Cost: \$90 for all 4 Classes**  
***\$30 Walk Up Fee\****

\* Walk ups will be limited to space availability\*

## Skills Clinic Details

This clinic includes (4) one hour sessions and will cover the following skills:

- **Power Skating**
- **Passing & Stick Handling**
- **Shooting**
- **Team Drills & Competition**

This is for In-House and Light Travel players ages Mite—Midget who want to improve their skating and skills. Get a head start on the Fall Season!

## 2023 Super Skills 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 \_\_\_\_\_