



# 2010 SPRING



# LEARN TO PLAY HOCKEY

10 SESSIONS

THURSDAYS, APRIL 15 TO JUNE 24

6:15 PM – 7:15 PM

\*\*NO SESSION 4/22\*\*

**\$150.00**

ALL PLAYERS MUST BE ABLE TO SKATE FORWARD UNASSISTED FOR THIS PROGRAM

\*Schedule subject to change\*

This program will develop the skills of the player and introduce them to game situations through scrimmages. Skills include skating: stopping, starting, turning, and crossovers, forward and backward skating strides. Stick handling: catching, carrying and shooting pucks, Scrimmages are used to teach positioning play. ALL PLAYERS MUST HAVE FULL EQUIPMENT. Evaluations will be provided at the end of the session.

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail: \_\_\_\_\_ AGE GROUP: (Circle one) 10 UNDER 14 UNDER

### PAYMENT POLICY AND INFORMATION

All players must be USA Hockey registered for the 2009-2010 season. To register, please visit [www.USAHockey.com](http://www.USAHockey.com), register online, and provide proof of registration to the Ice Vault.

**NO REFUNDS**

Amount Enclosed: \$ \_\_\_\_\_ (make checks payable to the Ice Vault)

PRORATED 20.00 PER CLASS AFTER THE BEGINNING OF THE SESSION

Payment must be paid in full with application. \$25.00 SURCHARGE FOR RETURNED CHECKS

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Type: (circle one) Visa MasterCard American Express Discover

Name on Card \_\_\_\_\_

WAIVER: It is agreed that the Ice Vault shall in no way be responsible or liable for any injury of any kind arising out of or in the course of any operation of the Ice Vault. It is the intention of the Parent to waive and release any and all claims, of any kind what so ever, in law or in equity of his/her enrolled son/daughter, or ward, a minor, on account of any injury of any kind arising out of or in the course of any operation of the Ice Vault. I grant the Ice Vault the right to use all photographs or videos taken of my child or me during any Ice Vault programs for advertising and promotional purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VISIT OUR PRO SHOP FOR ALL YOUR HOCKEY NEEDS!**