



FALL SESSION 2019

SCORING WITH SKATING SKILLS

Balance, Agility and Maneuverability (BAM)

Our Figure Skating Director, Karen Cohen-Prosnitz, teaches the Program. She has been a full-time professional skating coach for over 30 years. Karen is a US Figure Skating Gold Medalist having competed in Freestyle, Pair Skating and Ice Dancing throughout the United States and internationally. She also trained in speed and power skating.

Karen has been teaching power skating and edges to hockey skaters. Her skating techniques train the entire body, using correct edge positioning and balance to increase power and agility. Fast efficient skating is the goal.

NHL Players have benefitted from this training and so can you!
“If you can’t skate, you can’t play our game,” Wayne Gretzky.

Fall session is geared towards:

Forward crossovers and edge skills

Turns and transitions

Quick & explosive starts

FALL SESSION: September 9th – December 9th

Cost: \$390 for 12 half-hour classes, meeting Mondays, 5:15-5:45pm

Ice time and instruction is included Minimum 3 students, Maximum 8 students per session

Payments must be received before first class by check or cash only (Make Check Payable to Karen Cohen-Prosnitz). For further information, please call Karen at 973-628-1500 ext. 123.

All Payments may be dropped off at the Skating School Office (located in rink 1) or at the Front Desk in an envelope marked ATTN: Karen Cohen-Prosnitz with this completed form.

Class Dates:

9/9, 16, 23; 10/7, 21, 28; 11/4, 11, 18, 25; 12/2, 9. No classes 9/30 and 10/14.

No Make-ups or Refunds for missed classes



Player's Name _____ Age _____ D.O.B. ___/___/___

Address _____

City/State/Zip _____

Home Phone (_____) _____

Parent's Name _____

E-mail _____@_____

Work Phone (_____) _____ Cell Phone (_____) _____

Emergency Contact Name _____

Emergency Phone Number (_____) _____

LEVEL (Circle one): MT SQT PW/BT MDG/HS:

POSITION (Circle one): Forward / Defense

Fall Dates: 9/9, 16, 23; 10/7, 21, 28; 11/4, 11, 18, 25; 12/2, 9. No classes 9/30 and 10/14.

12-week session payment \$390

No Make-ups or Refunds for missed classes

WAIVER RELEASE

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 an operation of the Ice Vault. It is the intention of the parent to waive and release any and all claims, of any kind whatsoever in law or in equity of his/her 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 and videos taken of me during any Ice Vault programs for advertising purposes.

Signature _____ Date _____/_____/_____

10 Nevins Road • Wayne, NJ 07470 • Phone (973) 628-1500 • www.icevault.com