

North American Hockey Systems, Inc.

Established in 1974
Full time school since 1978
Educational based instruction
Instruction with encouragement

Coaches

David Randall
David Randall II
Ryan Secor
Paul Dowdell

All assistants are current or former
students with 5-15+ years experience

Skate Shop Services

At Our Rink in Troy
Skate Sharpening
All types of blades, hockey or figure
Custom Blade Alignment
Custom Radius & Special Requests

Thanks, to all the great families,
hockey organizations, and area rinks
that have supported us and given
good references to this hockey
program for the past forty + years.

Contact Info

Phone: 518-281-4811

Email: info@myhockeyskills.com

Dave Randall's



FRIDAY NIGHT PROGRAM SUMMER 2024

**Albany County Hockey Facility
Friday Evenings
5:30pm - 7:30pm
July 12th thru August 23rd**

*INDIVIDUAL SKILLS DEVELOPMENT
Skating Development, Stick/Puck Control,
Passing Systems, Shooting & Scoring*

Advanced Mites thru Bantam Players

Standard game equipment required for all players.

See you on the ice!!!

518-281-4811

www.myhockeyskills.com

ALBANY COUNTY WEEKLY PROGRAM 2024

REGISTRATION FORM

To Register: Complete & Mail Form Below

Location: Albany County Hockey Training Facility

Dates: Friday Evenings July 12th Thru August 23th

Times: 5:30pm - 6:30pm Skating Development
6:30pm - 7:30pm Stick Puck & Passing

Fees: 7 weeks \$325 or weekly \$50

NOT FOR BEGINNERS, For Placement, Questions, and Information, Call Coach Randall at 518-281-4811

MAIL COMPLETED APPLICATION AND YOUR CHECK PAYABLE TO

N.A.H.S. INC.
200 Oakwood Ave
Troy, NY 12182

Phone: 518-281-4811

email: info@myhockeyskills.com

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 AC Fri Summer 2024

Name: _____ D.O.B.: _____ Age: _____

EMAIL: _____ Address: _____

City: _____ State: _____ Zip: _____

Parent's Name: _____ Cell/Day Phone: _____ Home Phone: _____

Father: _____

Mother: _____

Experience: _____ Current Level : _____ Years Played: _____

PLEASE CHECK YOUR REQUEST:

All eight weeks Check # _____

Weekly #1 2 3 4 5 6 7 (circle weeks attending) Amount \$ _____

LIABILITY, IMAGING, AND MEDICAL RELEASE

In consideration of your permitting (Player) _____ to use Albany County Hockey Training Facility, Colonie, NY, for any purpose whatsoever, I hereby covenant and agree with North American Hockey Systems, Inc., the owners, officers, agents, and employees, and all persons engaged as instructors or administrators in any programs in which he/she may be a participant, to indemnify and hold harmless, each and everyone of them from and against all claims, liability, loss cost, damage and expenses which may in any way arise out of, or in connection with, the use by him/her of such facilities, including without limitation all claims he/she might have for personal injury or property damages to him/her or so arising. I understand that all video and photo images taken are the sole property of North American Hockey Systems, Inc., and may be used in promotional and instructional media. I also give consent to administer first aid and emergency transport to nearest medical facility.

Date: _____

Signature: _____
 Parent or Guardian