

# NORTH AMERICAN HOCKEY SYSTEMS, INC.

## Shooting and Scoring Clinics

Dates: ( ) Mon Oct 12 9-11am ( ) Wed Nov 11 9-11am  
( ) Wed Nov 25 9-11am ( ) Mon Jan 18 9-11am

Time: 9:00am - 11:00am

Levels: Birth year 2009-2017, 2016 birth year may apply for wavier  
No beginners (Goalies Needed)

Fee: \$55 per each date

Location: Albany County Rink

To Register: Text copy of form to 518-281-4811 or mail to address below

Payment: Cr Card [Click Here](#) or use QR Code >  
Check by mail to address below



N.A.H.S. Inc.  
200 Oakwood Ave  
Troy, New York 12182

Phone: 518-281-4811

[www.myhockeyskills.com](http://www.myhockeyskills.com)

Fax : 518-308-0280



Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Email: \_\_\_\_\_

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

Parent's Names: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Current Level: \_\_\_\_\_ Years Played: \_\_\_\_\_

### LIABILITY AND MEDICAL & IMAGING RELEASE

In consideration of your permitting (Player) \_\_\_\_\_ to use the Albany County Hockey Facility New York, for any purpose whatsoever. I hereby covenant and agree with Albany County Hockey Facility and 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

# ***Annual Calendar***

## ***NY Capital Region***

### **Weekly Fundamentals Program**

Saturday Thru Thursday

Year Round

All Levels, Randall's Rink, Troy

### **Holiday Shooting**

Oct, Nov, & Jan

Albany County Hockey Facility, Colonie

### **Christmas School Break**

December

Albany County Hockey Facility, Colonie

### **Winter School Break**

February

Albany County Hockey Facility, Colonie

### **Spring School Break**

April

Albany County Hockey Facility, Colonie

### **Advanced Player Spring Invitational**

April, May, June

Albany County Hockey Facility, Colonie

### **Summer Hockey School**

Albany County Hockey Facility, Colonie

Plattsburgh, Saratoga, Burlington

## ***Down State NY***

### **Spring, Summer, Fall**

Bear Mtn, Saugerties

## ***Massachusetts***

### **Winter LTS & LTPH**

TBD

## ***Vermont***

### **Fall – Winter Clinics**

Middlebury, Manchester,

Burlington

**For Registration & Info Call**

**5 1 8 - 2 8 1 – 4 8 1 1**

*Email: [info@myhockeyskills.com](mailto:info@myhockeyskills.com)*



## **2 HR HOLIDAY SHOOTING AND SCORING PROGRAMS**

### **Albany County Rink**

Mon Oct 12, 2026

Wed Nov 11, 2026

Wed Nov 25, 2026

Mon Jan 18, 2027

***For Players  
Birth years 2009–2017  
No Beginners***

Standard game equipment required for all players.

**See you on the ice !!!**

**5 1 8 - 2 8 1 - 4 8 1 1**

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