

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 5-20+ 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 2026

**Albany County Hockey Facility
Friday Evenings
5:30pm - 7:30pm
July 10th thru August 28th**

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 2026

REGISTRATION FORM

Dates: Friday Evenings July 10th Thru August 28th

Location: Albany County Hockey Training Facility

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

To Register: Text Copy to 518-281-4811

Fees: 8 weeks \$399 or weekly \$60
For CC payment use QR code >
Or mail in form and check



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

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 2026

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 seven weeks Check # _____
 Weekly #1 2 3 4 5 6 7 8 (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