

Annual Calendar

NEW YORK STATE

Capital District Region

Weekly Fundamentals Program

September Thru July

Sunday Thru Friday

All Levels Randall's Rink, Troy

Pre Try-Out Clinic

September

TBD

Christmas School Break

December

Albany County Hockey Facility

Winter School Break

February

Albany County Hockey Facility

Spring School Break

April

Albany County Hockey Facility

Advanced Player Spring Invitational

April, May, June

Albany County Hockey Facility

Summer Hockey Schools

Albany County Hockey Facility

5 Weeks - July/August

Downstate Region

Spring Summer Fall

TBA

Mohawk Valley Region

Spring & Summer Hockey Schools

TBA

VERMONT

Winter Clinics

Middlebury

*For registration forms visit
www.myhockeyskills.com*

Dave Randall's



FEB. BREAK 2024

Albany County Hockey Training Facility
February 20, 21, 22, 23
Tue Wed Thu Fri

INDIVIDUAL SKILLS DEVELOPMENT

SKATING DEVELOPMENT

STICK / PUCK CONTROL

PASSING SYSTEMS

SHOOTING & SCORING

Your Best Choice

For

Hockey Skills

1000's Of References Available

Standard game equipment required for all players.

See you on the ice !!!

518-281-4811

www.myhockeyskills.com

ALBANY COUNTY WINTER BREAK 2024

REGISTRATION FORM

To Register: Complete & Mail Form Below

Location: Albany County Hockey Facility (Airport)

Dates: February 20, 21, 22, 23 (Tue - Fri)

Times: 8:00am - 12:00n

Fees: \$295 All Four Days, 4 Hours (8am – 12n)
\$180 All Four Days, 2 Hours (8am - 10am only)
\$ 90 4 Hours Each Day (8am – 12n)
\$ 45 2 Hours Each Day (8am – 10am only)

MAIL COMPLETED APPLICATION AND YOUR CHECK PAYABLE TO:

N.A.H.S., Inc.
200 Oakwood Ave
Troy, New York 12182 **Phone: 518-281-4811** **Email: info@myhockeyskills.com**


AC Feb 2024

Player's Name: _____ DOB: _____ Age: _____

EMAIL: _____ Address: _____

City: _____ State: _____ Zip: _____

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

Father: _____

Mother: _____

Current Level: (Mite House League Minimum or Waiver): _____ Years Played: _____

PLEASE CHECK YOUR REQUEST:

☐ ALL 4 Days

Or Daily ☐ Tue 8am - 12n ☐ Wed 8am - 12n ☐ Thu 8am - 12n ☐ Fri 8am - 12n
☐ Tue 8am – 10am ☐ Wed 8am – 10am ☐ Thu 8am – 10am ☐ Fri 8am – 10am

LIABILITY, IMAGING, AND MEDICAL RELEASE (AC Feb 2024)

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