

NORTH AMERICAN HOCKEY SYSTEMS, INC.

SUMMER HOCKEY SCHOOL 2025

Player's Name: _____ Date of Birth: ____/____/____ Age: ____

Email: _____ Address: _____

City: _____ State: _____ Zip: _____

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

Father: _____

Mother: _____

Experience (Minimum Requirement, One Season House League or Waiver): _____ Level: _____ Years Played: _____

Dates: July 28 – August 1 (Mon – Fri)

Location: Saratoga Springs – Vernon Rink

Hours: 9:00 am - 3:00 pm

To Register: Text copy to 518-281-4811 or mail in

Fee: \$560 - Use QR Code > or mail in check



N. A. H. S. Inc.

200 Oakwood Ave

Phone: 518 – 281 – 4811

Troy, New York 12182

Email: info@myhockeyskills.com

PLAYERS WILL TRAIN IN FULL HOCKEY GEAR

ALL PLAYERS MUST PROVIDE THEIR OWN LUNCH AND SNACKS

Standard Jerseys included with tuition. Please indicate size below:

Youth: ☐ Small ☐ Medium ☐ Large

Adult: ☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ 2X-Large

Hockey School Fee

\$ _____

Minimum Deposit of \$295

\$ _____

← **Subtract your deposit**

\$ _____

Balance Due June 20th

LIABILITY, IMAGING, AND MEDICAL RELEASE

In consideration of your permitting (PLAYER) _____ to use the Weibel & Vernon Ice Rinks, Saratoga Springs, New York, for any purpose, whatsoever. I hereby covenant and agree with North American Hockey Systems, Inc., the owners, officers, agents, 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 the nearest medical facility.

Date: _____

Signature: _____

Parent or Guardian

Notice To Parents

- * After hockey school supervision is available upon request up to 30 minutes after ice time ends.
- * Families may be needed to host out of town players. This is a great way to reduce your summer fees, help a fellow player in our school network, as well as develop a new friend for your son or daughter. Call for details.
- * Those players with **special medical needs**, must **explain** those needs **in detail before acceptance**.
- * Behavior of the majority of players in our hockey schools has been great. Thank you! **Disruptive players should not attend.**
- * Players need to practice some stick/puck skills everyday!
- * Thank you for your continued support of our hockey school.

Coach Randall

Typical Daily Hockey School Schedule

8:15 am Arrival
9:00 am Skating Development
10:15 am Resurface - Snack Break
10:30 am Stick & Puck Control
11:45 am Lunch Break
12:15 pm Passing Systems
1:30 pm Resurface - Snack Break
1:45 pm Scoring Systems/Games
3:00 pm Depart

HOCKEY SKILLS EDUCATION For **HOCKEY PLAYERS**

Email: info@myhockeyskills.com

200 Oakwood Ave
Troy, New York 12182

Phn: 518-281-4811
Fax: 518-308-0280

Dave Randall's



SUMMER HOCKEY SCHOOL 2025

*** 5 Hours On Ice Daily ***

July 28th – Aug 1st

Mites thru Bantam

Vernon Arena Saratoga

*** Daily Program Includes ***

Balance & Control	Footwork Skating
Front Stride System	Turning systems
<u>All</u> Stops System	Stick/Puck Control
Progressive Passing	Shooting Systems
Body Contact Skills	Application Skills
Leadership Skills	Proper Mindset

And Much More !!!

***The North East's Year
Round Hockey Skills School***

SEE YOU ON THE ICE !

www.myhockeyskills.com

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