

Annual Calendar

NY Capital Region

Weekly Fundamentals Program

Sunday Thru Friday
September Thru August
All Levels Randall's Rink, Troy

Pre Try-Out Clinic

September
TBA

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

Schenectady Spring Program

April, May, June
Schenectady County Recreational Facility

Advanced Player Spring Invitational

April, May, June
Albany County Hockey Facility, Colonie

Intermediate Player Spring Invitational

April, May, June
Albany County Hockey Facility, Colonie

Summer Hockey School

Albany County Hockey Facility, Colonie

Down State NY

Spring, Summer, Fall
Saugerties, Bear Mtn., Newburgh

Vermont

Fall, Winter
Manchester & Middlebury

For Registration & Info Call

518-272-7759

info@myhockeyskills.com

North American Hockey Systems

Also Offers

- ❖ Proven Scientific & Practical Hockey Instruction
- ❖ Regular Weekly Sessions, Beginner to Advanced
- ❖ School Break Clinics
- ❖ Summer Hockey Schools (Several Locations)
- ❖ Mini-Mite Specialists
- ❖ Players can get it right the first time
- ❖ Greatly reduced player quit rates
- ❖ Skill development continuity year after year
- ❖ Success principles & learning proficiency

And Is

- ❖ One Of Few Year Round Hockey Schools

Summer Schedule

Typical Daily Routine

4:30 pm	Arrival
5:00 pm	Skating Development
6:00 pm	Water Break
6:05 pm	Stick & Puck Control
7:00 pm	Water Break/Resurface
7:15 pm	Passing Systems
8:15 pm	Depart

HOCKEY EDUCATION FOR HOCKEY PLAYERS

References Available

See you on the ice!



200 Oakwood Ave
Troy, New York 12182

Phn: 518-272-7759
Fax: 518-308-0280

Dave Randall's



Summer Hockey School 2018

*** 3 Hours on Ice Daily ***

August 13th – 17th

August 27th – 30th

Kiwanis Ice Arena

Saugerties, NY

*** Daily Program Includes ***

Balance & Control	Footwork Skating
Front Stride System	Turning Techniques
All Stops System	Stick/Puck Control
Progressive Passing	Shooting Systems
Body Contact Skills	The Learning Process
Leadership Skills	Application Skills
And Much More !!	

A Year Round Hockey School

For More Information Call

518-272-7759

www.myhockeyskills.com

NORTH AMERICAN HOCKEY SYSTEMS, INC.
SAUGERTIES SUMMER HOCKEY SCHOOL 2018

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

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

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

Father: _____

Mother: _____

Minimum Experience, One Season Mite league or Waiver: _____ Years Played: _____ Level: _____

Hockey School Hours Are:

4:15 pm - 4:30 pm Arrival
 5:00 pm - 8:15 pm School
 8:15 pm - 8:30 pm Depart

FEES & DATES:

\$350 Aug 13 - 17 (Monday - Friday)

\$280 Aug 27 - 30 (Monday - Thursday)

Summer Hockey School Fee \$ _____

Minimum Deposit \$ 175 \$ _____

SUBTRACT

\$ _____ **Balance Due by JUNE 25TH**

Mail Your Reservation Deposit or Payment in Full Payable to:

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

Phone: 518-272-7759 info@myhockeyskills.com Fax: 518-308-0280

REQUIRED EQUIPMENT: FULL HOCKEY GEAR
PACK DRINKS, FRUIT SNACKS (Carbonated Drinks Discouraged)

Jerseys included with tuition. Please indicate size below:

Youth: [] Small [] Medium [] Large
 Adult: [] Small [] Medium [] Large [] X-Large [] 2X-Large

LIABILITY, IMAGING, AND MEDICAL RELEASE

In consideration of your permitting (Player) _____ to use the Kiwanis Ice Rink, Saugerties 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