

Hatfield Ice Programs

- Group Skating Lessons
- Hockey Skating Lessons
- Checking Clinics
- Kindergarten Hockey League
- Learn to Play Hockey
- Goalie Clinics
- Youth Fall Hockey League
- Youth Spring Hockey League
- Spring School Hockey League
- Adult Spring Hockey League
- Spring & Summer Figure Skating Hours

Cancellation & Credit Policy

NO REFUNDS OR CREDITS WILL BE ISSUED FOR THIS HATFIELD ICE PROGRAM.



Come Play in Our World!

Hatfield Ice
350 County Line Rd.
Colmar, PA 18915
215-997-9797
www.hatfieldice.com

Hatfield Ice Presents **2026 Defenseman Clinic**



**August 5th, 12th, 19th
& 26th, 2026**

7:20pm - 8:20pm

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350 County Line Road
Colmar, PA 18915
215-997-9797
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Instructor

Chris Orlando:

- ◆ USA Hockey Level 5 Master Coach
- ◆ Hatfield Ice Hockey Director
- ◆ Genesis Hockey Club Director
- ◆ Nichols College (NCAA)
- ◆ West Chester University (ACHA)

Scott Salamon:

- ◆ USA Hockey Level 4 Coach
- ◆ Hatfield Ice Program Director
- ◆ Hatfield Ice Instructor
- ◆ Temple University (ACHA)



Dates/Time

Dates: August 5th, 12th, 19th
& 26th, 2026

Time: 7:20 PM - 8:20 PM

Cost: \$95 for all 4 Classes
\$30 Single Class Fee *

Note: There is 3% fee on Credit Card Transactions. Fee is not applied to cash or check transactions.

* Single Class will be limited to Space Availability

Clinic Details

This clinic will run for 4, one hour sessions and will cover the following areas:

- **Backwards Skating**
- **Gap Control**
- **Decision Making**
- **Offensive Zone Point Shots**
- **Defensive Zone Coverage**
- **Situational Hockey**

This clinic will focus on the skills, techniques and mindset necessary to become a better all around defenseman. From starting the breakout in the defensive zone to getting shots through from the point in the offensive zone, this clinic will help you take the next step at the position.

This clinic is for the experienced hockey player only and is not for beginners. Players from Light Travel, Club Travel and School level teams are welcome.

2026 Defenseman Clinic

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____

E-mail: _____

Any Medical Problems: _____

DOB: ____/____/____ Age: _____

Playing Experience: _____

Current Team & Level: _____

Years Playing Experience: _____

MEDICAL RELEASE FORM

I hereby authorize Hatfield Ice to make any and all decisions regarding the emergency treatment (based upon recommendation of a licensed physician)

Name: _____

And sign the necessary hospital form in order to obtain prompt release. In case of an emergency, I can be reached at the following phone number:

Phone Number _____

Parent's Signature _____

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HATFIELD ICE PROGRAM.**

**Make Checks payable to: HATFIELD ICE
Credit Card payments can only be made with a
VISA, MASTERCARD, or DISCOVER, in person, at
Hatfield Ice.**

IN consideration of the participant being permitted to register and participate in this Hockey League at Hatfield Ice, we do hereby forever release and discharge its Directors, Agents, Employees and person or corporation or partnership connected herewith from all manner of action, injury, damage, claims, or demands which will, shall or may hereafter have, suffer or receive by reason of such participation in any program at Hatfield Ice World. This release shall be binding on our heirs, assigns, executors and administrators. It is further agreed that Ice World shall not be considered to guarantee or warrant such equipment as may be used in conducting said programs.

All applications require participant signature.

Signature _____

Date _____