

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 2025 Shooting to Score



July 9th, 16th,
23rd, & 30th, 2025

7:20pm-8:20pm

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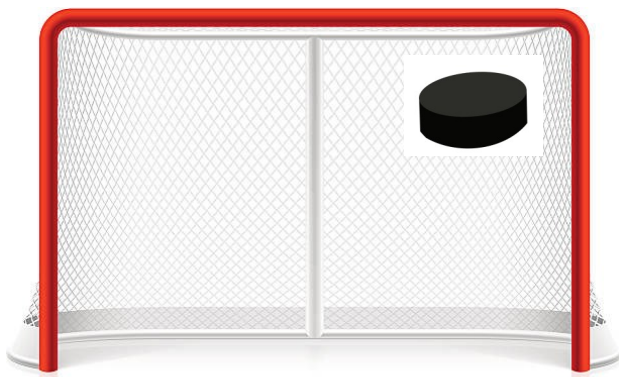
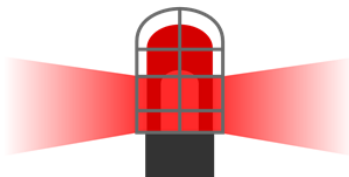
Instructors

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: July 9th, 16th,
23rd, & 30th, 2025

Time: 7:20pm-8:20pm

Cost: \$95 for all 4 Classes
*\$30 Walk Up Fee **

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

* Walk Ups will be limited to Space Availability

Clinic Details

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

- Wrist Shot
- Slap Shot
- Backhand Shot
- Shooting Technique

Are you looking to improve your shot for the upcoming season? This shooting clinic will focus on every type of shot and will teach the proper technique to improve your shot's accuracy and power.

Players should have on-ice experience, whether from organized hockey teams or attending hockey clinics. Players from Learn to Play programs, In House, Light Travel, Club Travel and School level teams are welcome.

2025 Shooting 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 _____