



- New skills clinic for the month of May
- Improve stickhandling & powerskating — in just 4 weeks of on-ice training
- Sign-up by April 21st & the first week is FREE!
- Walk-ons welcome at any session

MITE/SQUIRT

(Birth Years 1999-2003)

- Fri., May 7th 5:30 - 6:30 pm
- Fri., May 14th 5:30 - 6:30 pm
- Fri., May 21st 5:30 - 6:30 pm
- Fri., May 28th 5:30 - 6:30 pm

PEEWEE/BANTAM

(Birth Years 1995-1998)

- Mon., May 3rd 5:30 - 6:30 pm
- Mon., May 10th 5:30 - 6:30 pm
- Mon., May 17th 5:30 - 6:30 pm
- Mon., May 24th 5:30 - 6:30 pm

POWER SKATING

Developing:

- Explosive Speed & Power
- Balance, Agility, Mobility
- Body Positioning
- Weight Distribution
- Longer Stride
- Endurance

Utilizing:

- Resistance Training
- Over Speed Training
- Time Testing
- Stations
- Mini-Games



PRICES

Buy 3 Sessions &
1st one is FREE
4 Weeks: \$45.00
Walk-on: \$15.00

STICK HANDLING

Developing:

- Making & Receiving Passes
- Shooting
- Dribbling, Fakes, Moves
- Expansion of Reach
- Puck Protection
- Face-offs

Utilizing:

- Resistance Training
- Stations
- Mini-Games
- Multi-Weight Pucks



SKILLS CLINIC REGISTRATION FORM



PLAYER REGISTRATION:

Mites/Squirt Peewee/Bantam

Player's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Date of Birth: _____ USA Hockey #: _____

METHOD OF PAYMENT:

(We do not accept American Express)

Cash Check *(made out to Aspen Ice)* Credit Card: VISA MC Discover

CC #: _____ CVC #: _____ Exp. Date: _____

Because we reserve and hold a place in this league for each participant, there are NO REFUNDS or make-ups for this program. Having full knowledge and understanding of the nature of the activity and the hazards involved, I hereby certify that I have personal Medical Insurance coverage for any "bodily injury" that may occur and assume full responsibility for all losses and injuries sustained while involved in this activity as it relates to this facility. I also hold harmless Aspen Ice, its insurers, the management, staff employees, officers, board of directors, and any of its associates from any claim related thereto.

Parent/Guardian: _____ Date: _____



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