

# Adult Skills Clinic



Are you a “C” or “D” level player looking to get a leg up? Have you taken some time off and want to shake the dust off your game? If you answered yes to either of those questions or are just looking for an excuse for some more ice time, this clinic may be for you!!!

## PROGRAM HIGHLIGHTS

Power skating

Stickhandling

Agility

Backward & Forward

Skating Technique

Positional Play

Puck Control & Protection



Aspen Ice at Flemington 426 Case Blvd, Flemington, NJ 08822

[www.aspenice.net](http://www.aspenice.net)

908-237-1423

[hockeyop@aspenice.net](mailto:hockeyop@aspenice.net)



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Aspen Academy's Adult Skills Clinic will now be offering an 8 session package that can be used for whatever sessions you attend. They will be good for any 8 sessions from this date forward. Walk-ons will be a \$35.00 fee for any session attended. All players need full gear and will be required to sign in at the front desk prior to each session.

\$225.00 (8 session card)

\$35.00 (Walk-on fee)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME #: \_\_\_\_\_ CELL #: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ DOB: \_\_\_\_\_

USA HOCKEY REGISTRATION # \_\_\_\_\_

INTEREST IN ADULT LEAGUE: YES \_\_\_ NO \_\_\_ TEAM AFFILIATION: \_\_\_\_\_

**Refund Policy-** There will be absolutely no refunds issued. Credits will be issued in the event of extended illness or injury upon submission of a Doctor's note to the Hockey Director. All Credits are subject to a \$25.00 processing fee. There are no make-ups or credits for missed days. Each Session's class sizes are limited, please choose your day and time with care, paying attention to all class dates noted in the schedule as not to take away possible enrollment from other potential students, should you or your child not be able to attend a session. Sessions that don't meet minimum enrollment requirements may be combined or moved to another session.

**Assumption of Risk/Consent for Treatment-** I hereby give permission for the above named skater to participate in the Aspen Adult Skills Clinic. I assume the risks inherent to such participation in further release, absolve, indemnify and hold harmless Aspen Ice at Flemington, it's insurer, the management, director, staff, independent contractors, officers, board of directors and any of it's associates that from any claim arising out of injury. I further authorize the organization to act for me and in my behalf according to his/her best judgment in any emergency or injury to myself or my child requesting paraprofessional or professional medical attention or treatment in the event that I am not available or cannot be reached.

Signature \_\_\_\_\_ Date \_\_\_\_\_



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