



# HOCKEY SKILLS PROGRAM

This program is designed for the Hockey Skater who would like to increase skill level and bridge the gap from Beginner Hockey to organized hockey.

**Sundays: Leisure Rinks**

Session 1: Oct. 13, 20, 27, Nov. 3, 10, 17, 24, Dec. 1  
 Session 2: Dec. 8, 15, Jan. 5, 12, 26, Feb. 2, 9, 16

Bantam - PeeWee: 9:00am – 9:30am

Mite - Squirt: 9:30am – 10:00am

Bantam - PeeWee: 10:00am – 10:30am

Mite - Squirt: 10:30am – 11:00am

**\*Class Limited to 4 Skaters-Sells Out Quickly!**

\*Boys & Girls (Seasonal Program)

\*Skills taught without the use of sticks & pucks

\* 8 Week Sessions

\* 30 Minute Classes

\*Teaches balance, edge quality and control

\*Includes ice cost, instruction & mandatory USFS Membership

\*Full equipment encouraged but not required

For Information Please Contact: Skate Great Office (716) 580-3458

**Visit us on the web at: [www.sk8gr8.com](http://www.sk8gr8.com)**

Hockey Skills Program 2019-2020

Make check or money order payable to:

Skate Great  
 4536 Main St. Suite 102, Amherst, NY, 14226



**LEISURE RINKS**  
 75 Weiss Road  
 Orchard Park, NY 14127

**HOLIDAY TWIN RINKS**  
 3465 Broadway  
 Cheektowaga, NY 14227

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Male/Female \_\_\_\_\_ Birthdate \_\_\_\_\_

\*E-mail (discounts & announcements) \_\_\_\_\_ Level \_\_\_\_\_

**Program:**

**Time:**

**Rink:**

**Amount:**

___ Bantam - PeeWee	___ 9:00 – 9:30 / ___ 10:00 - 10:30	Leisure Rinks	\$100 / 8 weeks
___ Mite - Squirt	___ 9:30 – 10:00 / ___ 10:30 - 11:00	Leisure Rinks	\$100 / 8 weeks

Any additional comments: \_\_\_\_\_

Do you need rental skates? YES / NO

Shoe Size: \_\_\_\_\_

Interested in private lessons? YES / NO

Total amount paid: \_\_\_\_\_ Check # \_\_\_\_\_ Receipt # \_\_\_\_\_

Please check if this box if you would like to receive text alerts for cancellations, updates, etc.  Cell # \_\_\_\_\_

As a parent or guardian of this student, I hereby consent to the use of photographs/videotape taken during the course of the session for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources).

I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

\_\_\_ Yes, I give consent for Skate Great to use photographs my child. \_\_\_ No, I do not authorize Skate Great to use any photographs of my child.

Parent Signature \_\_\_\_\_

Date: \_\_\_\_\_

Skate Great assumes no responsibility for any accident or injury to any participant. No Refunds / Exchanges. \$50.00 fee for all returned checks.