



Ice Hockey Lesson Program

Everett Youth Hockey Players - SESSION 1 November 4, 2018—December 9, 2018



The Everett Community Ice Rink has developed a progressive Hockey program designed to give extra help to those players in the Youth program to develop the skills level they need to be confident in the game.

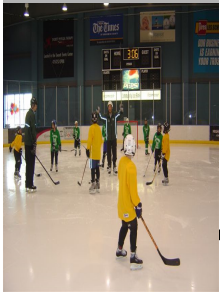
This program has been designed to focus on basic skills, with an emphasis on having **FUN!**

Weekly clinics teach the fundamental skills of skating, puck handling, passing, shooting, and game situations providing the participant with the opportunity to develop confidence and a positive self-image while experiencing achievement throughout the program.



REQUIRED EQUIPMENT

Certified Ice Hockey Helmet & Facemask
shoulder pads, Ice Hockey pants,
shin pads, elbow pads, hockey gloves,
Cup & Supporter, Hockey Skates, and
Hockey Stick, Hockey Socks & Jersey.



2000 Hewitt Ave. Suite 200
Everett, WA 98201
425-322-2653

www.angelofthewindsarenaeverett.com



Learn to Play Hockey - Levels 3 - 4

Level 3 & 4:

Instructors will continue to reinforce the basic skills on passing, shooting, and advanced concepts of positional and team play. Weekly clinics will consist of 45 minutes of group instruction.

The objective of this stage is to refine fundamental movement skills and begin acquiring basic sport skills through fun-focused methods. This is time when a foundation is set for future acquisition of more advanced skills. In this stage, the focus is on the development of physical literacy.

EYH Players

Level 3

Sundays 1:30 PM—2:15 PM

Level 4

Sundays 1:30 PM - 2:15 PM

\$100.00 (Tax Included)

(6-WEEK SESSIONS)

***CLASS SCHEDULES &
REGISTRATION FORM ON BACK***

EVERETT 
COMMUNITY ICE RINK

Everett Youth Hockey Players Enrollment Application

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Birth Date: _____ Age: _____
Previous Level Completed: _____
Contact Name: _____
Home Phone: _____ Work Phone: _____
E-Mail: _____

Everett Youth Hockey Players

**SESSION #1
NO CLASS:**

- Level 3 Sundays 11/4/2018 - 12/9/2018
 Level 4 Sundays 11/4/2018 - 12/9/2018



**EVERETT
COMMUNITY ICE RINK**

PAYMENT OPTIONS

Entire Program Fees Due with Application

Please make checks payable to - CCIR

Circle One: Cash Check Money Order Visa Master Card

Credit Card #: _____ Exp. Date: _____

Cardholder Signature: _____

Please return completed and Signed Application with full payment to:

Everett Community Ice Rink
"LTPH Program Enrollment"
2000 Hewitt Ave. Suite 200
Everett, WA 98201

PARENTAL/PARTICIPANT CONSENT

I/we the parents of _____ do hereby give my/our consent to any authorized physician to perform such medical services as may be necessary because of participation of my/our son or daughter in the Everett Community Ice Rink activities. I/we do further hereby release, absolve, indemnify and hold harmless the ice arena, the officers, board members, coaches, supervisors and any authorized physician, any or all of them for any injuries incurred either accidental or by the negligence of their selves or others while participating in said program. I/we hereby waive all claims against the aforementioned parties or any other persons appointed by then or any authorized physician. I/we understand that the term "authorized" physician means not only our own physician listed below, but any other licensed, practicing physician who is called to perform the required medical services.

I have read and understand the above statement: _____

Date: _____

Registration accepted on a first received basis.

No make up classes or refunds, unless due to medical emergency

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Visit us on the Web at:
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