



# 2009 Hockey Learn to Skate 7 Week Class Series



These group classes are designed to teach the young skater basic skating and hockey technique. Proper skating stride and balance are taught, as well as hockey fundamentals such as passing and shooting.

Sessions are 30 minutes long on Tuesdays. The format is based on the USA Hockey Initiation Program curriculum. Our coaching program is under the direction of our professional staff.

## Tuesday

6:00pm - 6:30pm

All levels

Practice 6:30pm - 8:00pm

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March 3rd - April 14th

May 5th - June 16th

July 7th - August 18th

September 8th - October 27th

no class October 6th

**\*\*No Refunds or make ups for missed classes**

equipment needed: helmet,  
elbow pads, knee pads, gloves and stick

**\*Participants must be able to skate without  
parental assistance**

12620 164TH AVE SE RENTON WA 98059 PHONE (425)254-8750 FAX 425.264.0100

Registration is due 3 days prior to class start date:

(late registrations will be assessed a \$20 late fee)

Name: \_\_\_\_\_ M/F D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Class Start Date and Time: \_\_\_\_\_



I, \_\_\_\_\_ the parent of  
\_\_\_\_\_ do hereby give my consent to any  
authorized physician to perform such medical services as may be necessary because of my  
participation of my child in the Castle Ice Arena activities. I do further hereby release, absolve,  
indemnify and hold harmless Castle Ice Arena, the officers, board members, coaches, supervisors,  
appointed by them or any authorized physician. I understand that the term "authorized" physician  
means not only our own physicians but any other licensed, participating physician who is called  
to perform the required medical services.

Parent/Guardian signature \_\_\_\_\_ Date: \_\_\_\_\_