

Annual Calendar

NEW YORK STATE ***Capital District Region***

Weekly Fundamentals Program

Year Round

Saturday through Thursday
All Levels Randall's Rink, Troy

Pre Try-Out Clinic

September
TBD

Christmas School Break

December
Albany County Hockey Facility

Winter School Break

February
Albany County Hockey Facility

Spring School Break

April
Albany County Hockey Facility

Advanced Player Spring Invitational

April, May, June
Albany County Hockey Facility

Summer Hockey Schools

August
Albany County Hockey Facility

Downstate NY Region

Spring Summer Fall
TBD

Central NY Region

Spring & Summer Hockey Schools
TBD

VERMONT

Fall Start Up Clinics & Winter
Middlebury



DECEMBER BREAK 2024

Albany County Hockey Training Facility
December 26, 27, 30, 31
Thu, Fri, Mon, Tue

INDIVIDUAL SKILLS DEVELOPMENT
SKATING DEVELOPMENT
STICK / PUCK CONTROL
PASSING SYSTEMS
SHOOTING & SCORING

Your Best Choice
For
Hockey Skills

1000's Of
References Available

Standard game equipment required for all players.

See you on the ice !!!

518-281-4811

www.myhockeyskills.com

To request registration forms call

Phone: 518-281-4811

FAX: 518-308-0580

email: info@myhockeyskills.com

DECEMBER SCHOOL BREAK 2024

REGISTRATION FORM

To Register: Text a copy or mail in form

Location: Albany County Hockey Training Facility

Dates: December 26, 27, 30, 31 (*Thu, Fri, Mon, Tue*)

Times: 8:00 am - 12:00n

Fees: \$305 All Four Days, 4 Hours
\$180 All Four Days, 2 Hours (First Two Hours ONLY)
\$ 90 4 Hours Single Day
\$ 50 2 Hours Single Day (First Two Hours ONLY)

PRINT & MAIL WITH PAYMENT OR TEXT A COPY TO 518-281-4811

N.A.H.S. INC.
200 Oakwood Avenue
Troy, NY 12182

Phone: 518-281-4811

Email: info@myhockeyskills.com



Name: _____ D.O.B.: _____ Age: _____

Email: _____ Address: _____

City: _____ State: _____ Zip: _____

Parent's Name: _____ Cell/Day Time Phone _____ Home Phone: _____

Father: _____

Mother: _____

Current Level (1 Year *Mite House League Minimum*): _____ Years Played: _____

PLEASE CHECK YOUR REQUEST:

- ALL 4 Days 8am - 12n
Daily Thur 8am - 12n Fri 8am - 12n Mon 8am - 12n Tue 8am - 12n
- ALL 4 Days 8am - 10am
Daily Thu 8am - 10am Fri 8am - 10am Mon 8am - 10am Tue 8am - 10am

LIABILITY, IMAGING, AND MEDICAL RELEASE - AC December 2024

In consideration of your permitting (Player) _____ to use Albany County Hockey Training Facility, Colonie, NY, for any purpose whatsoever, I hereby covenant and agree with North American Hockey Systems, Inc., the owners, officers, agents, and employees, and all persons engaged as instructors or administrators in any programs in which he/she may be a participant, to indemnify and hold harmless, each and everyone of them from and against all claims, liability, loss cost, damage and expenses which may in any way arise out of, or in connection with, the use by him/her of such facilities, including without limitation all claims he/she might have for personal injury or property damages to him/her or so arising. I understand that all video and photo images taken are the sole property of North American Hockey Systems, Inc., and may be used in promotional and instructional media. I also give consent to administer first aid and emergency transport to nearest medical facility.

Date: _____

Signature: _____

Parent or Guardian