

## North American Hockey Systems, Inc.

Established in 1974  
Full time school since 1978  
Educational based instruction  
Instruction with encouragement

### Coaches

David Randall  
David Randall II  
Ryan Secor  
Paul Dowdell

All assistants are current or former students with 5-20+ years experience

### Skate Shop Services

At Our Rink in Troy  
Skate Sharpening  
All types of blades, hockey or figure  
Custom Blade Alignment  
Custom Radius & Special Requests

Thanks, to all the great families, hockey organizations, and area rinks that have supported us and given good references to this hockey program for the past forty + years.

#### *Contact Info*

**Phone: 518-281-4811**

**Email: [info@myhockeyskills.com](mailto:info@myhockeyskills.com)**

*Dave Randall's*



### **FRIDAY NIGHT PROGRAM SUMMER 2025**

**Albany County Hockey Facility  
Friday Evenings  
5:30pm - 7:30pm  
July 11<sup>th</sup> thru August 22<sup>rd</sup>**

*INDIVIDUAL SKILLS DEVELOPMENT  
Skating Development, Stick/Puck Control,  
Passing Systems, Shooting & Scoring*

## ***Advanced Mites thru Bantam Players***

Standard game equipment required for all players.

**See you on the ice!!!**

**518-281-4811**

**[www.myhockeyskills.com](http://www.myhockeyskills.com)**

# ALBANY COUNTY WEEKLY PROGRAM 2025

## REGISTRATION FORM

**Location:** Albany County Hockey Training Facility

**Dates:** Friday Evenings July 11<sup>th</sup> Thru August 23<sup>th</sup>

**Times:** 5:30pm - 6:30pm Skating Development  
6:30pm - 7:30pm Stick Puck & Passing

**To Register:** Text copy to 518-281-4811 or mail in

**Fees:** 7 weeks \$345 or weekly \$55



**For CC payment use QR code or mail check to address below**

**NOT FOR BEGINNERS, For Placement, Questions, and Information, Call Coach Randall at 518-281-4811**

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

*Phone: 518-281-4811*

*email: info@myhockeyskills.com*

AC Fri Summer 2025

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_

EMAIL: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Cell/Day Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Experience: \_\_\_\_\_ Current Level : \_\_\_\_\_ Years Played: \_\_\_\_\_

### PLEASE CHECK YOUR REQUEST:

All seven weeks Check # \_\_\_\_\_

Weekly #1 2 3 4 5 6 7 (circle weeks attending) Amount \$ \_\_\_\_\_

#### LIABILITY, IMAGING, AND MEDICAL RELEASE

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*