

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

All assistants are current or former students with 5-15+ 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
Figure skate blade mountings

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@myhockeyskliis.com

Dave Randall's



**FRIDAY NIGHT ADVANCED
INVITATIONAL PROGRAM
SUMMER 2024**

**Albany County Hockey Facility
Friday Evenings
7:30pm - 9:30pm
July 12th – August 23rd**

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

***Advanced Squirts
thru
High School Players***

Standard game equipment required for all players

See you on the ice!!!

518-281-4811
www.myhockeyskills.com

ALBANY COUNTY FRIDAY PROGRAM 2024

REGISTRATION FORM

Open To: Advanced Players By Invitation Only

To Register: Complete & Mail or Text Copy to 518-281-4811

Dates: Friday Evenings July 12th Thru August 23rd

Location: Albany County Hockey Training Facility

Times: 7:30pm – 9:30pm

Fees: 7 weeks \$325 or weekly \$50

PLAYERS MUST QUALIFY
 For Placement, Questions, and Information, Call Coach Randall at 518-281-4811

MAIL COMPLETED APPLICATION AND YOUR CHECK PAYABLE TO

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

Phone: 281-4811

email: info@myhockeyskills.com

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 AC Fri Summer ADV 24

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 eight 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