

# Annual Calendar

## *NY Capital Region*

### Weekly Fundamentals Program

Saturday Thru Thursday

September Thru August

All Levels Randall's Rink, Troy

### December School Break

December

Albany County Hockey Facility, Colonie

### Winter School Break

February

Albany County Hockey Facility, Colonie

### Spring School Break

April

Albany County Hockey Facility, Colonie

### Advanced-Intermediate Spring Invitationals

April, May, June

Schenectady County Hockey Facility

### Summer Hockey Schools

Albany County Hockey Facility, Colonie

Randall's Rink Troy, NY

## Vermont

### Winter Clinic

Middlebury

### Summer Hockey School

July

TBA

For Registration & Info Call

**5 1 8 - 2 8 1 - 4 8 1 1**

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

## Spring Schedule

April 04	6:50 - 9:30pm	Fri
April 11	6:50 - 9:30pm	Fri
April 18	6:50 - 9:30pm	Fri
April 25	NO ICE Cap Cup	
May 02	6:50 - 9:30pm	Fri
May 09	6:50 - 9:30pm	Fri
May 16	6:50 - 9:30pm	Fri
May 23	6:50 - 9:30pm	Fri
May 30	6:50 - 9:30pm	Fri
June 13	6:50 - 9:30pm	Fri

6:50 Jump Rope & Off Ice

7:30 Skating/Skills

8:30 Passing/Game Situation

9:45 Depart

*Dave Randall's*



## SPRING 2025

### Advanced Player Invitational Program

## Albany County Rink

Friday Evenings

April 4<sup>th</sup> thru June 13<sup>th</sup>

## Skill Development & Game Situation

Full Equipment Required For All Players

*"THE EXCEPTIONAL HOCKEY EXPERIENCE"*

See you on the ice!

***NORTH AMERICAN HOCKEY SYSTEMS, INC.***  
**ADVANCED PLAYER SPRING INVITATIONAL**

**Dates:** Friday Evenings April 4<sup>th</sup> thru June 13<sup>th</sup>

\* NO PRACTICE Friday April 25<sup>th</sup> \*

**Rink:** Albany County Facility

**Time:** 6:50 - 9:30pm

**Fee:** \$549 – Use QR code or mail in check

**To Register:** Text copy of form to 518-281-4811



**N.A.H.S. Inc.**  
**200 Oakwood Ave**  
**Troy, New York 12182**

**Phone:** 518 - 281 - 4811

**Email:** info@myhockeyskills.com

----- ✂ -----  
*Albany Spring 2025 Adv*

Players Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

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

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

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

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

**LIABILITY, IMAGING, AND MEDICAL RELEASE**

In consideration of your permitting (Player) \_\_\_\_\_ to use the Albany County Hockey Facility, 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