

# Annual Calendar

## *NY Capital Region*

### Weekly Fundamentals Program

Saturday Thru Thursday

Year Round

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 Player Spring Invitational

April, May, June

Albany County Hockey Facility, Colonie

### Summer Hockey Schools

Albany County Hockey Facility, Colonie

Randall's Rink Troy, NY

## *Vermont*

### Fall Pre-Season Clinic

October

Middlebury, Manchester

### Summer Hockey School

July

TBA

## Spring Schedule

April 04 5:30 – 7:40pm Fri

April 11 5:30 – 7:40pm Fri

April 18 5:30 – 7:40pm Fri

April 25 NO Practice

May 02 5:30 – 7:40pm Fri

May 09 5:30 – 7:40pm Fri

May 16 5:30 – 7:40pm Fri

May 23 5:30 – 7:40pm Fri

May 30 5:30 – 7:40pm Fri

June 06 5:30 – 7:40pm Fri

June 13 5:30 – 7:40pm Fri

5:30 Skating Development

6:35 Stick/Puck & Passing

7:25 Jump Rope & Off Ice

7:40 Depart

*Dave Randall's*



## **SPRING 2025**

### **Intermediate Level**

#### **INVITATIONAL SPRING PROGRAM**

## **Albany County Rink**

### **April 4<sup>th</sup> to June 13<sup>th</sup>**

#### **Friday Evenings**

## **Skill Development**

#### **For**

## **Intermediate Players**

**Full Equipment Required For All Players**

**" THE EXCEPTIONAL HOCKEY EXPERIENCE "**

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

**For Registration & Info Call**

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

*www.myhockeyskills.com*

# ***NORTH AMERICAN HOCKEY SYSTEMS, INC.***

## **SPRING INTERMEDIATE PLAYER INVITATIONAL**

**Dates:** Friday Evenings April 4<sup>th</sup> to June 13<sup>th</sup>  
 \*Friday April 25<sup>th</sup> NO PRACTICE\*

**Open To:** Intermediate Players By Invitation Only

**Rink:** Albany County Facility Time: 5:30-7:40pm

**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**



*AC spring 2025 Int.*

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

**E-Mail:** \_\_\_\_\_ **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 the Albany County Hockey Facility or 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