



Premier ORTHOPAEDICS

ICEWORKS®

SKATING COMPLEX

# 2019 IceWorks Pre-Skates Clinic

**4 Sessions - 1 hour and  
15 minutes each**  
**The cost is \$70 for all  
four sessions. No drop-  
in rate permitted.**

IceWorks Skating Complex  
3100 Duttons Mill Rd.  
Aston, PA 19014  
610-497-2200

If your player is looking to stay in shape and get extra ice time leading up to their tryouts or evaluations, then the IceWorks pre-evaluation skate clinics are what they need. During these clinics, players will be exposed to the area's top coaching. These skates will include power skating, puck handling, flow drills, as well as game situations. These clinics are intended to keep your player on the ice leading up to tryouts/evaluations for the 2019-20 season. The goal of these skates is to fine-tune each player's skills, as well as keep them in hockey shape in order for them to make a strong impression in March and April try-outs.

**Squirts (09, 10):** 3/4, 3/7, 3/12, 3/14 - 6:00-7:15 p.m.

**PeeWees (07, 08):** 3/4, 3/7, 3/12, 3/14 - 7:30-8:45 p.m.

**Bantams (05, 06):** 3/25, 3/27, 4/1, 4/8 - 6:00-7:15 p.m.

**Midgets (01, 02, 03, 04):** 3/25, 3/27, 4/1, 4/8 - 7:30-8:45 p.m.

**Girls (14U, 16U):** 3/25, 3/27, 4/2, 4/3 - 7:15-8:30 p.m.

**\*Girls (8U, 10U, 12U):** 3/5 - 7:30 p.m.-8:45 p.m.,  
3/10 - 2:30 p.m.-3:45 p.m., 3/18 - 7:30 p.m.-8:45 p.m.  
(\*\$50 for all three sessions - No drop-in rate permitted)

Registration Form - IceWorks Pre-Skates Clinic  
Please leave payment to Tim Riday's attention at Front Office

Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

CIRCLE ONE: SQUIRT      PEEWEE      BANTAM      MIDGET      GIRLS

#### Assumption of Risk Agreement and Release

Upon entering events sponsored by IceWorks and/or its Agents or Affiliates, I/We agree to abide by the rules of IceWorks as currently published. I/We understand and appreciate that participation or observation of sports constitutes a risk to me/us of serious injury, including permanent paralysis or death. I/We voluntarily knowingly recognize, accept, and assume this risk and release IceWorks, its affiliates, their sponsors, event organizers and officials from any liability thereof.

Date \_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_