



**HOCKEY START  
AGES 10 THROUGH 14**

# ***HOCKEY START***

***Do you like to ice skate? Learn the skating and stickhandling you need to play hockey in AHA's HOCKEY START Program at Center Ice Arena. Hockey skill drills and game play development.***

FALL SESSION	WINTER SESSION	SPRING SESSION
WED NIGHT OCT 19 - DEC 21 7:40pm - 8:40pm 10 WEEK SESSION \$110.00	WED NIGHT JAN 4 - MARCH 8 7:40pm - 8:40pm 10 WEEK SESSION \$110.00	WED NIGHT MARCH 22 - MAY 24 7:40pm - 8:40pm 10 WEEK SESSION \$110.00

**REQUIRED EQUIPMENT:**

- Full equipment is recommended. Minimum includes helmet with cage, skates, gloves, elbow and knee protection. Wear full equipment as obtained.

**REGISTER:**

- Complete info below and mail with payment to AHA, P O Box 326, Delmont, PA 15626.
- Check the session that you are registering for.
- Please register with USA Hockey - [https://www.usahockeyregistration.com/login\\_input.action](https://www.usahockeyregistration.com/login_input.action)
- Questions ? Email [ahascheduling@gmail.com](mailto:ahascheduling@gmail.com).

<b>HS / BOYS:</b>	<b>FALL</b>	<b>WINTER</b>	<b>SPRING</b>
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Name	Birthdate
Address	
Parent/Guardian	
Phone	
Email	
USAH Registration Number	

I, the undersigned Parent/Guardian, do hereby grant my permission for my son/daughter to attend the Hockey Start program at Center Ice Arena, and fully participate in all activities thereof. I further acknowledge, understand and agree that by participating in this activity, there is a possibility of physical illness or injury and that my son/ daughter assumes the risk of such illness or injury by his/her participation. I hereby and herewith release AHA and Center Ice Arena, its officers, staff and officials from all responsibility and liability resulting from any illness or injury suffered by my son/daughter as a result of his/her participation in the Spring Hockey League.

Signature of Parent/Guardian \_\_\_\_\_