



**LEARN TO PLAY
HOCKEY
AGES 4 THROUGH 9**

LEARN TO PLAY HOCKEY

***Learn the skating and stickhandling skills you need to play hockey
in AHA's LTPH at Center Ice Arena, Delmont.***

| FALL SESSION | WINTER SESSION | SPRING SESSION |
|--|--|--|
| WED NIGHT OCT 19 - DEC 21 6:30pm - 7:30pm 10 WEEK SESSION \$110.00 | WED NIGHT JAN 4 - MARCH 8 6:30pm - 7:30pm 10 WEEK SESSION \$110.00 | WED NIGHT MARCH 22 - MAY 24 6:30pm - 7:30pm 10 WEEK SESSION \$110.00 |

REQUIRED EQUIPMENT:

- Hockey skates; Ice hockey helmet with cage or shield; Gloves; Stick (also recommended is elbow and knee protection)
- Players are encouraged to wear all protective hockey equipment that they have.

REGISTER:

- Complete info below and mail with payment to AHA, PO 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
- Questions ? Email ahascheduling@gmail.com.

| | | | |
|--------------|------|--------|--------|
| LTPH: | FALL | WINTER | SPRING |
|--------------|------|--------|--------|

| | |
|--------------------------|-----------|
| 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 AHA Learn to Play Hockey 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 _____