

# ADULT LEARN TO PLAY HOCKEY

## EVERETT COMMUNITY RINK

For: Session #1 (10 Week Session)  
All Adults 18 and over  
Skills: **Beginner & Advanced**  
When: March 1, 2020 – May 10, 2020  
Time: Sundays: 4:45pm – 5:45pm  
Where: EVERETT Community Ice Rink  
**\*\*\*NO CLASS\*\*\***  
**March 15, 2020**



### Details:

This is a co-ed progressive instructional hockey course that will teach you the skills needed to begin playing the game of hockey. In ten lessons we will cover beginning thru advanced skating skills, puck handling, shooting, positional concepts, and game situations.

### Class Includes:

- (10) – 30 minutes instruction
- (10) – 30 minutes supervised scrimmage
- (2) - Stick and Puck passes (must have pass at time of use) (No Passes given to drop-ins, must have paid full price registration)

**Cost: Registration Rate \$200.00 (Tax Included)**

**Class will be limited to 20 participants.**

**Players will need full gear for this class.**

### ADULT LEAGUE INFORMATION

Leagues with Beginner Teams in Everett:

GSHL: Andy Cole or Steven Thompson – LetsPlay@gshockey.com

CHL: Noel Baca - Noel@cascadehockey.com

**Questions:** Katrina McArthur @ Katrina.McArthur@spectrap.com or 425-322-2653

\*All Programs here at the EVERETT Community Ice Rink are SKATE AT YOUR OWN RISK; it is the participant's responsibility to recognize that ice skating is a physical activity that may cause bodily injury.



# EVERETT COMMUNITY ICE RINK



## *Adult Beginner & Advance Learn to Play Hockey Program*

2000 Hewitt Ave - Everett, WA 98201

(425)322-2653

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

*Series Date: March 1, 2020 – May 10, 2020 (Session 1)*

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ today's Date: \_\_\_\_\_

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

Telephone # \_\_\_\_\_ Wk# \_\_\_\_\_

Email: \_\_\_\_\_

Emergency # \_\_\_\_\_ Contact: \_\_\_\_\_

**Please read and sign the disclosure below.**

I \_\_\_\_\_ do hereby give my consent to any authorized physician to perform such medical services as may be necessary because of participation in the Everett Community Ice Rink activities. I do further hereby release, absolve, indemnify and hold harmless the ice arena, the officers, board members, coaches, supervisors and any authorized physician, any or all of them. I hereby waive all claims against the aforementioned parties or any other persons appointed by them or any authorized physician. I understand that the term "authorized" physician means not only our own physician listed below, but any other licensed, practicing physician who is called to perform the required medical services.

I have read and understand the above statement: \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Location: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

Additional Concerns: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

**\*MUST SIGN PARTICIPANT LIABILITY WAIVER BEFORE STARTING PROGRAM**

**\*MUST BE A MEMBER OF USA HOCKEY TO PARTICIPATE**

**([www.usahockeyregistration.com](http://www.usahockeyregistration.com))**

**\*No make-up classes or refunds unless due to Medical Emergency.**

**For Office Use Only**

Payment Amount: \_\_\_\_\_

Date: \_\_\_\_\_ Initial \_\_\_\_\_

CH: # \_\_\_\_\_ CA: \_\_\_\_\_

Charge: VI / MC

Transaction # \_\_\_\_\_