



POWER SKATING

www.topshelfhockeyschool.com

Our 6-week Sunday night powers skating session is one of the most popular sessions every summer. If you are looking to get in shape for your upcoming season, then this is the program for you. Last year we helped players (boys and girls) from squirts through College strengthen their stride, refine their edges, increase foot speed and stamina. Our professional staff will work hard to get the very best out of you during each session. No need to travel off Cape. **Sold out last summer. Walk-ons only if space is available. Early enrollment is highly suggested. Full Hockey Equipment Required.**

***Speed *Endurance * Power Turns* Explosive Starts*Edges*Over Speed*Conditioning
Lateral Mobility*Cross Overs*Body Control*Technique*Backward Skating*Quick Stops***

6 Sunday Nights from July 14th through Aug 18th

Squirts, Peewees 6:00pm

Bantams, High School, Prep, Jrs, College 7:00pm

Six Sessions \$ 90.00

Walk-ons \$20.00 per session if space available

coachpaul24@gmail.com

Rink Location: Hyannis Youth and Community Center, 141 Bassett Lane Hyannis MA 02601

Enrollment guaranteed upon receipt of check and form below or register and **pay online** at www.topshelfhockeyschool.com Enrollment implies consent that player's image may be used on the Top Shelf Hockey School website and other promotional materials.

Make checks payable to: TOP SHELF HOCKEY SCHOOL, P.O. BOX 2756, HYANNIS MA 02601

Skater's Name _____ Birthdate _____ Amount Enclosed _____

Circle One: Squirrt * Peewee * Bantam * High School/Prep School * Jrs *College

Parent/Guardian _____ Cell# _____ cell# _____

Address _____ Email _____

Signature (Parent/Guardian) _____ Date _____

RELEASE OF LIABILITY: I hereby release Hyannis Youth & Community Center and its owners as well as Top Shelf Hockey School, instructors, and staff from any possible claims, liabilities, obligations, or responsibilities, and from any and all accidents or injuries, whether they be on the ice or off, hockey related or not, while I or my child participates in the program. I further certify as to my or my child's sound health of mind and body. I intend this instrument to take effect as a sealed instrument. Top Shelf Hockey School Powerskating 2019



Signature (Parent/Guardian if nec.):_____Date_____

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