

# Arrows Hockey



REGISTRATION FORM

HOCKEY HOTLINE 882-0446

## Learn to Skate

We are the first organization on Long Island to offer a Learn to Skate Program for the first time hockey player. This program enables new players to obtain a hockey helmet with cage, gloves, skates, shin guards and elbow pads along with four one hour instructional ice sessions for a nominal charge. This innovative program makes the first steps on the ice affordable for many players and their families. It is open to all first time skaters ages 4 to 10.

## Developmental Clinic

Is designed for the beginner player or skater and is recognized as one of the finest on Long Island. Fundamentals such as skating, passing and shooting are stressed. Coaches for all our programs are certified by USA Hockey and are skilled at teaching younger players. Participants are grouped according to ability and the opportunity to engage in team competition is offered later in the season. The developmental clinic is held on Saturday mornings, beginning in September.

## House League Program

Is designed for the beginner/novice who has experience in skating and hockey. Stress will be placed on the rules of the game, conditioning, power skating and various shooting and passing drills. Based on the successful developmental and learn to skate programs last year we will be starting up to eight house league teams this year. The participants are also grouped according to ability. The house league will have one practice session and one game per week. **Ages 6 to 13**

**PLEASE SEND ALL FORMS TO  
Carol Oldmixon  
4 Nassau Street, Massapequa NY 11758**

**You Must Have Your USA Hockey Registration Form At Time Of Registration.  
Go to USA Hockey.Com to register.  
[www.usahockeyregistration.com/](http://www.usahockeyregistration.com/)**

LEARN TO SKATE       DEVELOPMENTAL       INHOUSE

PLEASE CIRCLE JERSEY SIZE      E-MAIL Address \_\_\_\_\_

CHILDRENS      SMALL      MED      LARGE      XL

ADULT SIZES      SMALL      MED      LARGE

NAME \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

In consideration of your permitting my son/daughter \_\_\_\_\_ To participate in your Arrows Hockey Association and use the facilities of the Village of Freeport and any other facilities with your program. I hereby covenant and agree with the Village of Freeport and the coaches, governors of the Arrows Hockey Association, and any and all related parties, officers, agents and employees to indemnify and hold harmless each and everyone of them from all claims, liability, loss, damage and expense which may in any way arise out of or in connection with the involvement of my son/daughter in the program or my son/daughter's use of such facilities, including without limitations all claims he/she or I might have for personal injury to him/her or to any member of my family so arising. I intend this statement to take effect as a sealed instrument.

Signature of Parent or Guardian \_\_\_\_\_