



Kent Roosevelt Ice Hockey



1981 Red Division Champion
1981 State Runner-up
1982 Red Division Champion
1982 Baron Cup I Champion
1982 State Champion
1990 Blue Division Champion

1996 Blue Central Champion
1996 Baron Cup II Champion
1999 Red South Champion
2004 Blue South Champion
2005 Blue Central Champion
2006 White East Champion

2007 Baron Cup II Champion
2007 OHSAA Sectional Champion
2015 Red South Champion
2019 White North Champion

Rough Rider Ice Hockey

2019 Youth Ice Hockey Skills Clinic

Clinic Director: Kent Roosevelt Ice Hockey Head Coach – Ben Barlow

Skills Clinic Staff Members: Kent Roosevelt Ice Hockey Coaches, Players, and Former Players

Skills Clinic Description: Each on-ice skills session will focus on the development of basic skills needed to play the game of ice hockey. Each skills session will be challenging and will include: skating, stick handling, passing, shooting, conditioning, and game like situation drills.

Registration Information

Registration Deadline – Friday, August 9, 2019

Email Coach Barlow – rhshockeycoach@yahoo.com to reserve a spot.

Please include the specific team your child will be playing for during the 2019 – 2020 season.

Payment Info: **Pay the first night of the clinic via check, cash, or credit card. Checks payable to RHS Hockey Boosters**

Mite/Squirt level hockey player: (4 ice sessions, and a Rough Rider Hockey T-Shirt - \$80.00)

Session #1: August, 13, 2019, 6:00 – 7:00 pm on the main rink

Session #2: August 15, 2019, 6:00 – 7:00 pm on the main rink

Session #3: August 17, 2019, 10:30 – 11:30 am on the main rink

Session #4: August 19, 2019, 6:00 – 7:00 pm on the main rink

Peewee/Bantam level hockey player: (4 ice sessions, and a Rough Rider Hockey T-Shirt - \$80.00)

Session #1: August 13, 2019, 7:10 – 8:10 pm on the main rink

Session #2: August 15, 2019, 7:10 – 8:10 pm on the main rink

Session #3: August 17, 2019, 11:40 – 12:40 pm on the main rink

Session #4: August 19, 2019, 7:10 – 8:10 pm on the main rink

Liability Waiver

I hereby release the Rough Rider Ice Hockey Skills Clinic, its coaching staff, the Kent City Schools, and the Kent State University Ice Arena from any and all liability from any accidents that might occur while my child is participating in the skills clinic. I hereby give consent for my child to receive medical attention in an emergency type situation in the event it is not possible to reach me personally.

Participant's Name: _____ 19/20 Team (e.g Mite 2's) _____

Parent's/Guardian's Printed Name: _____

Emergency Contact Name and Phone #: _____

Parent's/Guardian's Signature: _____

Date _____ Email Address _____