



SPRING 2020

HOCKEY ACADEMY REGISTRATION FORM

APRIL 18 - JUNE 13

MINI ISLANDERS (AGES 5 - 7)

Mini Islanders is an exciting and fun introductory hockey program. The “minis” program is designed to teach hockey-specific skills and puck handling. Throughout the session, players will learn proper stride, basic edge work, stopping and stick handling.

Prerequisites: Players must be able to stride, swizzle, snow plow stop and balance on one foot. Completion of Basic 2, Pre Hockey 2, or a coach’s recommendation is required.

All skills must be performed on hockey skates.

CLASS SCHEDULE

SATURDAYS: 4/18 - 6/13 | 12:30PM—1:30PM

HOCKEY 101 (AGES 7 - 12)

Hockey 101 is a challenging class focusing on developing the skills necessary to play in the Northwell Health Ice Center house league. Players will work on backwards skating, cross overs, puck handling, passing and shooting.

Prerequisites: Players must be able to stop, skate backwards and demonstrate basic puck handling. Completion of Mini Islanders, Basic 4, or a coach’s recommendation is required.

All skills must be performed on hockey skates.

CLASS SCHEDULE

SATURDAYS: 4/18 - 6/13 | 12:30PM—1:30PM

Tuition: \$200 for all 8 weeks

Skaters will NOT be permitted on ice without full hockey gear, including neck guard
All participants must register with USA Hockey at www.usahockeyregistration.com

****No classes on 5/23**

Questions? Email Scott Murphy at Scott.Murphy@newyorkislanders.com

TO REGISTER: STOP BY CUSTOMER SERVICE OR CALL 516-441-0070



Northwell Health Ice Center

Long Island’s Premier Hockey Destination
Official Practice Facility of the New York Islanders

Located in Eisenhower Park: 200 Merrick Ave, East Meadow NY | 516-441-0070

Visit NorthwellHealthIceCenter.com for more information

STUDENT INFORMATION

NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

HOME PHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

PAYMENT INFORMATION

CASH CHECK # _____ CC

CREDIT CARD #

EXP DATE / CVC

SIGNATURE: _____

PLEASE SIGN WAIVER ON THIS FORM.

NO MAKE-UPS / NO REFUNDS

ALL SESSIONS ARE SUBJECT TO CHANGE / CANCEL WITHOUT NOTICE.

****NO CLASSES ON 5/23**

COST: \$200

TOTAL DUE

\$ _____

**SKATE RENTALS ARE NOT INCLUDED.
SKATE RENTAL IS \$5 PER CLASS**

PROUD SPONSOR OF NORTHWELL HEALTH ICE CENTER



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ALL DAY BREAKFAST & LUNCH
PANTANOSGOURMET.COM

Northwell Health Ice Center Waiver

I, _____ (the "Participant"), or the Participant's parent / guardian if he or she is under the age of eighteen (18), hereby acknowledge(s) and record(s) my/his or her independent and voluntary decision to participate in any skating lessons and/or other activities (collectively, the "Program") conducted by or involving, and/or to use facilities and equipment provided by, Twin Rinks Acquisition Company LLC doing business as Northwell Health Ice Center (the "Company").

The undersigned understands that ice skating and participation in the Program may entail certain anticipated and unanticipated risks, dangers and hazards, including possible serious personal injury, paralysis and/or death. The undersigned agrees that the Participant should not participate in the Program unless the Participant is medically able.

The undersigned hereby acknowledges the voluntary and informed assumption of full responsibility and liability regarding any injuries that the Participant may incur coincident to his or her participation in the Program. The undersigned hereby confirms that I have informed the Company of any medical/health concerns the Participant may have, that the Participant is medically able to participate in the Program and that I accept full responsibility for the Participant's behavior and health throughout the Program.

Participant understands that photographs may be taken during the Program and consents to the use by the Company and/or its affiliates without further consideration of any such photographs in which Participant's likeness or image appears.

The undersigned, for myself and on behalf of heirs, assigns, personal representatives and next of kin, hereby expressly waiver, releases, discharges, indemnifies and holds harmless the Company, Nassau County, the New York Islanders Hockey Club, L.P., the National Hockey League and its member clubs, and their respective owners, parents, subsidiaries, directors, officers, employees, contractors, agents, participants, sponsors, volunteers, successors, affiliates and/or assigns and any other person or entity doing business with or no behalf of the above-listed entities (collectively, the "Releases") from any and all liabilities, claims, demands, costs, expenses, damages, actions or causes of action that the Participant may incur or acquire during the course of the Participant's involvement with the Program, whether arising from the negligence of the Releases or otherwise, to the fullest extent permitted by law.

The undersigned also warrants that he or she is eighteen (18) years or older and mentally competent to grant this waiver.

Name of Participant: _____

Participant Signature (if 18 or older and competent):

Guardian / Parent Signature:

Date: _____