



IMPACT PROGRAM

ON-ICE AND OFF-ICE TRAINING PROGRAM

JULY 10TH - AUGUST 31ST

Group 1: 8:00 - 10:30am

Workout: 8:00am

On-ice: 9:00am

Tuesday, Wednesday, & Thursday

Group 2: 9:00-11:30am

Workout: 9:00am

On-ice: 10:00am

Tuesday, Wednesday, & Thursday

Group 3 (Excel Group): 5:30-7:30pm

On-ice: 5:30pm

Workout: 6:30pm

Tuesday, Wednesday, & Thursday

Group 4 (8U & 10U ONLY): 5:30-7:30pm

Workout: 5:30pm

On-ice: 6:30pm

Monday & Thursday

GROUPS LIMITED TO 12 SKATERS

To register: Mail check to
the Hockey Hut
P.O. Box 4767
Clifton park, NY 12065

Checks made to Excel Hockey Inc.

PRICES

8 Weeks: \$750

6 Weeks: \$650

4 Weeks: \$575

8 Week packages can be
made in two installments.





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JULY 10TH - AUGUST 31ST

APPLICATION

**To register: Mail check to
The Hockey Hut
P.O. Box 4767
Clifton park, NY 12065**

Checks made to Excel Hockey Inc.

8 Weeks: \$750
6 Weeks: \$650
4 Weeks: \$575

Deposit: \$ _____

Balance Due: \$ _____

**8 Week packages can be
made in two installments of
\$375.**

**First due: July 1st
Second due: August 1st**

Excel Hockey Inc. Waiver:

By participating in the Excel HI and Healthplex skating and hockey programs and all related activities, I fully understand that these activities involve risks of serious bodily injury and I fully accept and assume these risks. I hereby waive and agree to hold harmless Excel Inc. and Healthplex it's owners, coaches, instructors, employees, volunteers and other participants from any and all claims. I have read and fully understand this release and waiver of liability. I also consent to administer first aid and emergency transport to the nearest medical facility.

Participant: _____ Parent/Gaurdian: _____ Date: _____

Name: _____ D.O.B. _____

Address: _____ City: _____

State: ___ Zip: _____ Home Phone: _____

Work Phone: _____ Emergency Phone: _____

EMAIL Address:(Please Print Neatly): _____

Height: _____ Weight: _____ Shoots: R or L

Position: (circle one) RW / LW / C / D / G

Jersey Size: Youth: M XL Adult: S M L XL