

Specialized Training Offered In The Following Areas

POWER SKATING

Edge work
Stride
Agility
Speed
Balance

SKILLS

Stick handling
Passing
Shooting/Deflections
Breakaways

EXPERIENCED PERSONNEL

Joe Zizza, Dave Hunter & Staff

TUESDAY NIGHTS

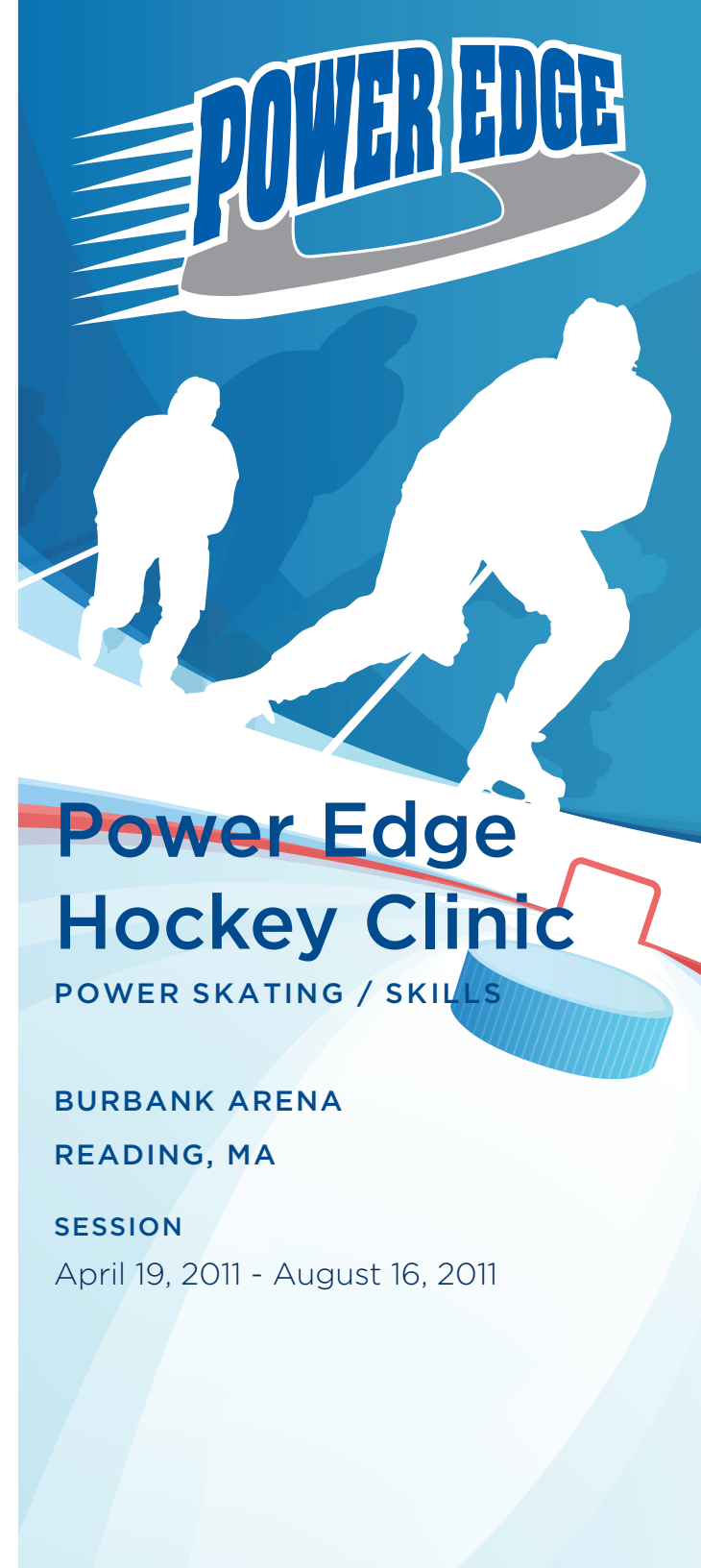
Burbank Ice Arena
Reading, MA 01867



POWER EDGE HOCKEY

19 DAVIS LANE

READING, MA 01867



Power Edge Hockey Clinic provides instruction in the fundamentals of hockey, with a special emphasis on skating.

The beginner player to the highly skilled player, Power Edge Hockey School will develop and improve hockey skills for young players. Players will enjoy and excel at playing the fastest game on earth! Our philosophy is based on the idea that skating technique is first and foremost. Our goal is for each player to master the proper technique. Each skating drill is to develop a specific aspect of correct skating technique. Each player is individually supervised. As drills are executed, players receive immediate coaching where correction is necessary. Skills are taught and refined through specific drills and practices. We work to develop strength and improve weakness. We at **Power Edge Hockey School** strive to develop young hockey players to their fullest potential while maintaining their motivation. We create a **positive, enthusiastic, and fun** arena directed toward instilling a long lasting desire to play hockey.

The Greatest Game on Earth!!!

2011 Clinic Schedule

Tuesday Nights

Power Skate/Skills

SESSION 1

April 19 - June 28

7:00 - 7:50 pm

July 5 - August 16

8:10 - 9:00 pm

18 week program

poweredgehockey.com
781-944-6880



Registration Form

Name _____

Address _____

City / Zip _____

Phone _____

Email _____

Pre-Registration by April 12th

SESSION 1

18 weeks = \$450.00

No substitutions / No Make-ups

Walk-ons \$30.00 per hour if space available

Make check payable to:

POWER EDGE HOCKEY

19 DAVIS LANE, READING, MA 01867

Waiver: I the undersigned understand that neither Power Edge Hockey and/or Burbank Ice Arena or anyone associated with these institutions, will assume any responsibility for accidents, medical expense and or dental expenses incurred as a result of participation in this program. Furthermore I recognize that my son/daughter must wear all USA Hockey approved safety equipment, including mouthpiece. The applicant is in good health and is able to participate in vigorous physical activity that may include physical collisions.

Signature of Parent or Guardian

Date: _____