

POWER SKATING CLINIC

Some of the skills covered in this clinic:

*Lengthening Forward Stride*Power Turns*Speed Drills*Edges*Crossovers*Quick Starts/Power Stops*Backward Stride*Acceleration through power turns and cornering

Skaters are to wear FULL HOCKEY EQUIPMENT

Class size is limited and registrations are taken on a first come-first serve basis

No official confirmations will be sent - ***please keep the following schedule for your reference.***

#1 5-7 year old \$105

Sept 18	5:30-6:30	MLA
19	2:15-3:15	"
20	2:45-3:45	"
27	4:30-5:30	"
Oct 2	5:30-6:30	Heritage
3	2:45-3:45	"
4	2:45-3:45	"

#2 8-10 year old \$105

Sept 18	6:30-7:30	MLA
19	3:15-4:15	"
20	3:45-4:45	"
24	7:00-8:00	"
Oct 2	6:30-7:30	Heritage
3	3:45-4:45	"
4	3:45-4:45	"

Make checks payable to: **POWER SKATING CLINIC**

Send form and fee to: Zoe Hill 5819 So Pike Lake Rd Duluth MN 55811

Any questions can be directed to: DLHPowerSkate@aol.com Zoe Hill 218-729-9721 Sue Lien 218-348-3246

Please detach, complete & mail form to address listed above – copies of form will be accepted

Name _____ Date of Birth _____

Address _____ (H)Phone _____

City _____ State _____ Zip _____ (W/C)Phone _____

Parent(s) _____

Email _____

Check Fall '09 session you wish to register for: Age 5-7 ___ #1 Age 8-10 ___ #2

Parental Consent: I hereby consent to the giving of emergency care or treatment to my child by anyone of the professional, medical or nursing staff of any hospital available which in their judgment is required in case of an accident or medical emergency incurred during the said child's registration in or about the building or grounds of the arena. The hospital and its staff may consider this consent to be valid until notified to the contrary in writing by the person signing this consent.

Signature of parent/guardian _____

Physician's name & phone _____

Hospital Preferred _____

Refunds are granted only for medical reasons, and must be accompanied with a doctor's letter. A \$10 processing fee will be deducted.