

*Equipment Required for this Clinic:*

- Hockey Helmet with Face Mask
- Gloves
- Stick
- Shin Pads
- Elbow Pads
- Hockey Socks or Sweat Pants
- Skates (can be rented)

**NEED EQUIPMENT?**

Visit the Pro Shop at ICE LINE.

Open Sunday-Saturday

Call for hours: 610-436-9670

Work out while your kids learn  
to play hockey!

Call today for a FREE Trial.

610-436-1600



Ice Line  
700 Lawrence Dr  
West Chester, PA 19380



PRESENTS

# The Rookies Hockey Clinic

*For Ages  
4-6*



Spring 2007  
May-June

ICE LINE  
700 Lawrence Dr  
West Chester, Pa 19380  
Phone (610) 436-9670  
Fax (610) 436-8729  
[www.iceline.info](http://www.iceline.info)

Our goal is to teach your **Rookie** the basics of the Coolest Game on Earth. Whether they become the next **Great One** or just develop a lifelong love of the game, we will provide them with a fun, no pressure environment...

SKATING

- Edge control
- Ready position
- Forward Start
- Forward Stride
- Control stop (2 foot snowplow, 1 foot snowplow)
- Backward skating
- Backward stop
- Control turn
- Forward Crossover

PUCK CONTROL

- Lateral dribble
- Forward-to-backward dribble
- Diagonal dribble

PASSING AND RECEIVING

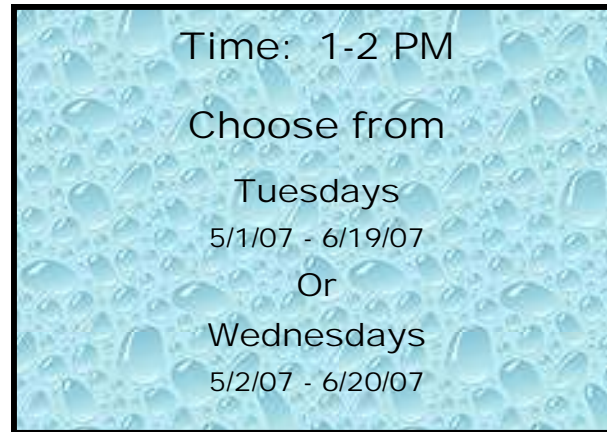
- Passing: look, slide, point
- Receiving: cushion, cup, control
- Forehand/Backhand
- Eye Contact

Head Coach, Nick Russo

Nick is Ice Line's Assistant Hockey Director and has been a teacher, coach and athletic administrator for over twenty years. He has worked at all levels of sport from youth to professional. Nick is the Head Coach for the 2000 birth year Tier I Jr. Flyers.

The Rookies Hockey Clinic Offers:

- 8 classes per session
- Experienced coaching staff
- Fun, no-pressure learning environment



Cost

**\$150 per session**

*Includes jersey & Skate Rental*

**Questions?**

Please Contact

**NICK RUSSO**

Phone 610-436-9670 Ext. 111

Fax 610-436-4622

russo@iceline.info

\_\_\_\_\_  
Players Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Age

\_\_\_\_\_  
Jersey Size

\_\_\_\_\_  
Position

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Parent(s) Name(s)

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email

**Hold Harmless Agreement**

Having full knowledge of the nature of this activity and the hazards involved, I hereby certify that I have personal Medical Insurance coverage for any "bodily injury" that may occur and assume full responsibility for all losses and injuries sustained while involved in this activity as it relates to this facility. I also hold harmless ICE LINE, its insurers, their agents, and employees, and any of its associates from any claim related thereto.

Parent/Guardian Signature \_\_\_\_\_

Please Print Name \_\_\_\_\_

Relation to Player \_\_\_\_\_ Date \_\_\_\_\_

*Please Complete Registration Form*

*And Return with Payment to:*

ICE LINE

700 Lawrence Drive

West Chester, PA 19380

Fax: 610-436-4622