

# Need to know:

All students must have full hockey equipment, including a mouth guard, neck guard, and approved helmet/mask. All students need to have shorts, tennis shoes, and a shirt for dryland training. We encourage bringing a spare stick for ball hockey.

## Includes:

- Off ice training
- Three one hour and 45 minute on ice sessions
- Option for Lunch and availability to stay for public skating
- Taught by Chief's Head Coach Ian Herbers and other experienced instructors
- For more information call Planet Ice at (814)262-7465
- Clinics done in conjunction with and located at:



262-RINK  
195 Jari Dr. Suite 200  
Johnstown, Pa 15904  
[www.planeticeusa.com](http://www.planeticeusa.com)

# Johnstown Chiefs Skills Clinics



For ages 9-15

Two Clinics:

Goal scoring Clinic June 16-17-18  
Defensemen Clinic August 18-19- 20

Enrollment per clinic limited to the first  
30 paid students

## Schedule & Fees

### Clinic 1

#### Goal Scoring

Tuesday June 16  
Wednesday June 17  
Thursday June 18

### Clinic 2

#### Defensemen

Tuesday August 18  
Wednesday August 19  
Thursday August 20

### Times:

All sessions 8:30am-11:45pm  
(off ice 8:30am-10:00a,  
on ice 10:00a-11:45a)

### Fees:

\$75.00 per clinic  
Includes Jersey

### Optional:

\*Lunch \$4.50 per day includes  
16 oz. Drink and choice of hot dog,  
hamburger, or pizza (total \$13.50  
per clinic, served after each session)

\*Stay and Skate \$6.00 per day  
includes admission to public  
skating 12:00p-4:00p after  
each session (total of \$18.00  
per clinic)

Remember to have full hockey  
equipment and bring shorts, tennis  
shoes, and a shirt for off  
ice training. Bring a spare  
stick for ball hockey.

# Planet Ice Player Registration

## Chiefs Skills Clinics

(Check the sessions you are enrolling for)

Clinic 1 Goalscoring

Clinic 2 Defensemen

Player Name: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Experience/Position: \_\_\_\_\_  
\_\_\_\_\_

In the consideration of the acceptance of (player's name) \_\_\_\_\_ to play hockey for and with thee Planet Ice, I, the undersigned, hereby agree to pay the fee determined by Planet Ice as they are due and hereby release Planet Ice, the directors, the officials, coaches, and the agents from any claim for an injury, loss, damage, or expense sustained by the person or the property of the player and/or the undersigned arising during any game, exhibition, practice, or activity with the full knowledge of the inherent risks thereto.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

All information kept confidential.

Planet Ice Use Only:

Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Cashier: \_\_\_\_\_

\*\*Attache copy of receipt for verification on payment for clinic and lunch or public skating options!!!