



**"A Complete Program for Your Skill Development!"**

Instructed by: **Mike Mead**

Skills Development Coordinator for Lakers Youth Hockey

**Spring Session**

May 5 - June 23, 2010

**Summer Session**

June 30 - August 18, 2010

Mites  Squirt  Pee wee  Bantam

**The Total Skills & Powerskating Program**

By incorporating a complete skills development program into a comprehensive weekly series, you can expect to improve your skating technique, puck skills, passing ability, endurance level, and develop into a more complete player. Our tiered core skill learning sessions include a wide-range of drills and skill areas and are taught in smaller on-ice groups, allowing skaters to maximize their learning, development and fun!

**Program Features**

- 8 week skills clinic
- Wednesday night sessions
- 50-minute classes
- 4 age divisions offered
- Professional coaching staff
- Improve all core skill areas
- \$20/week walk-on rates
- Comprehensive learning approach

**Program Costs**

- 8 week player fee.....\$139
- 16 week player fee.....\$220 (15% discount)



**Buffone Arena**

284 Lake Avenue, Worcester, MA 01604

1-888-74-SKATE (Toll Free) 508-799-0910 (Arena)

[www.fmcicesports.com](http://www.fmcicesports.com)

**Player Information**

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

Parent/Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Age Division: Mite  Squirt  Pee wee  Bantam

Session: Spring 8wks \$139  Summer 8wks \$139  Spring & Summer 16 wks \$220



DIVISION	SEASON	DAY	DATES	TIMES
Mites	Spring Summer	Wed	5/5-6/23 6/30-8/18	6:00-6:50pm
Squirts	Spring Summer	Wed	5/5-6/23 6/30-8/18	6:00-6:50pm
Pee wee	Spring Summer	Wed	5/5-6/23 6/30-8/18	7:00-7:50pm
Bantam	Spring Summer	Wed	5/5-6/23 6/30-8/18	7:00-7:50pm

**WAIVER AND RELEASE:** I, the undersigned, do hereby acknowledge that in consideration of my child participating in any way in the Total Skills may be exposed to risk of injury that is inherent in ice skating programs. I hereby acknowledge that Facility Management Corporation, FMC Ice Sports staff is not responsible for any damage or injuries that result from my child's participation in this program. I grant to FMC Ice Sport, its representatives and employees the right to take photographs of my child in connection with the above-identified ice sports program. I agree that FMC Ice Sports may use such photographs for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

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

\_\_\_\_\_  
*Date*

**Payment Information**

Please be sure that application is filled out completely.  
Payment due in full with individual player application. Space is limited.

**Check or money order made payable to:**

**FMC Ice Sports**  
100 Schoosett Street, Building 3  
Pembroke, MA 02359

**For credit card payment:**

**Please call 1-888-74-SKATE**  
**or visit us online at:**  
**www.fmcicesports.com**

**How did you hear about us?**

- |  |  |                                  |                                      |
|--|--|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Referred by Coach       | <input type="checkbox"/> Newspaper     | <input type="checkbox"/> Website | <input type="checkbox"/> At the Rink |
| <input type="checkbox"/> E-mail Notice           | <input type="checkbox"/> Word-of-mouth | <input type="checkbox"/> Mailing | <input type="checkbox"/> Phone Call  |
| <input type="checkbox"/> Your Hockey Association | <input type="checkbox"/> Television    |                                  |                                      |