

PRE-SEASON HOCKEY SESSIONS

Eble Ice Arena

For Mites and Squirts

\$60 for all 12 sessions or \$10 per session drop in rate

Practices run by Sean Kearney

- * Small sided games with tactical and technical focal points.
- * break down of skating stride, edge control, over speed, stops and starts etc.
- * checking progression addressed for teaching purposes only.
- * passing, shooting and team tactical play emphasized.
- * 3 on 3 games as well as 4 on 4 games every session.
- *Player evaluations for any player interested at the end of the 12 sessions. Individual player's specific skills sets will be evaluated for their parents as they enter the upcoming season.

MITE & SQUIRT PRE-SEASON HOCKEY SCHEDULE		
Monday	8/9/10	7:30pm-8:45pm
Friday	8/13/10	6:30pm -7:45pm
Saturday	8/14/10	12:30pm-1:45pm
Monday	8/16/10	7:30pm-8:45pm
Friday	8/20/10	6:30pm -7:45pm
Saturday	8/21/10	12:30pm-1:45pm
Monday	8/23/10	7:30pm-8:45pm
Friday	8/27/10	6:30pm -7:45pm
Saturday	8/28/10	12:30pm-1:45pm
Tuesday	8/31/10	7:30pm-8:45pm
Friday	9/3/10	6:30pm-7:45pm
Saturday	9/4/10	12:30pm-1:45pm

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CUT HERE

EBLE ICE ARENA RELEASE OF LIABILITY

I Am Being Allowed to Participate in Open Hockey at Eble Ice Arena. I Understand That There Are Certain Dangers Inherent in Playing Open Ice Hockey, Which Includes but Is Not Limited to Injuries from Contact with Other players, Sideboards, Goal Standards, the Ice, the Puck and Equipment. In Consideration of Being Allowed to Participate in Open Ice Hockey, I, Individually and for All Others Who May Claim Based on Injury to Me, Accept the Risk of Physical Injury and Released and Discharged Waukesha County and its Employees from Any Liabilities to Me for Any Physical Injury Which May Occur While I Am Participating in Open Hockey. I Understand That the Purpose and Intent of this Release Is to Prevent Me, and Others Who May Claim Through Me, from Recovering Any Money from Waukesha County and its Employees for Any Physical Injury I Suffer While Playing Open Hockey. All Participants must wear Full Hockey Equipment Including Helmets and Face Masks, USA Approved.

CHILD'S NAME _____

ADDRESS _____

PHONE# _____

EMAIL ADDRESS _____

PARENT/GAURDIAN

SIGNATURE _____ DATE _____

Registration: Send this release portion with check made out to: "EBLE ICE ARENA"
19400 W. Bluemound Rd.
Brookfield, WI 53045

Or register at Eble Office – we accept *Visa* and *Mastercard*!