

Alexandria Figure Skating Club

P. O. Box 471, Alexandria, MN 56308

FALL POWER HOCKEY

FINE TUNE YOUR EDGES & POWER SKATING SKILLS!

NAME: _____ AGE _____ BIRTHDATE _____
ADDRESS _____ E-MAIL _____
CITY _____ STATE _____ ZIP _____
PARENT/GUARDIAN NAME _____ PHONE # _____
Medical Doctor _____ Phone # _____
Please circle....Gender M or F

POWER HOCKEY - A minimum of 10 skaters required per class.

This class combines acceleration and strength to help improve coordination, stamina, and speed!
WORK ON SKATING SKILLS BEFORE HOCKEY TRYOUTS! EXTRA ICE TIME! You will be done before the tryout week. This class will not be offered again until next spring!

CLASS to be headed up by BOB VRAA, a coach with the AFSC. Mentored by his father, Dick Vraa, a skating coach for college and pro hockey teams; Bob has coached hockey schools since the age of 14 specializing in individual skills. He helped to develop protocols for the skating treadmill & shooting program for Acceleration MN. He assistant coached 4 different varsity programs including Blake, a 1995 state tourney team.

TW0(2) LEVELS ONLY – EACH ONE HOUR LONG
(SIGN UP FOR THE LEVEL YOU WILL BE AT IN THE FALL)

PEEWEEES/BANTAMS/U15/U12 GIRLS MONDAYS 8:00-9:00 pm \$150 \$ _____

Dates run from 9/10 to 10/15

MITES/SQUIRTS/U10 & U/8 GIRLS SUNDAYS 5:15-6:15 pm \$125 \$ _____

Dates run from 9/9 to 10/14 (NO ICE 9/17)

MEMBERSHIP FEE (if NOT PD THIS SUMMER) \$16 \$ _____

REGISTER BY SEPT 5, 2018

TOTAL FEES \$ _____

PAYMENT: CLASS PAID IN FULL \$ _____ cash/debit/check# _____

PAYMENT PLAN OPTION – can be paid via debit or credit card.

Due Now or by SEPT 5, 2018 \$ _____ Due OCT 1, 2018 \$ _____

Cash/Debit/Check# _____ Cash/Debit/Check# _____

EQUIPMENT WILL BE WORN during these classes. Come dressed in full hockey gear and bring sticks. You **will not** be required to volunteer or fundraise when signing up for **Power Hockey**.

I hereby give permission for the above named skater to skate at the RCC as a member of the AFSC and waive any claims or damages, injuries, or loss of personal property incurred by the participant while taking part in the activities referred to on this registration form. I hereby release and hold harmless the AFSC coaches and volunteers for injury occurring during lessons. AFSC has permission to call for medical assistance in case of emergency.

Signature of Parent/Guardian

Date

PLEASE MAKE A COPY FOR YOUR RECORDS! **Mail to above address.** Questions? kjuettner02@gmail.com
OR slip under the door of the AFSC Office at the RCC. Can also scan and send via email to above email.