



HOCKEY SKATING SKILLS

Not only the fundamentals of correct skating, but how to skate to play the game

Capitol Skating School, LLC's instructional hockey skating program focuses on building a solid **skating** foundation. Techniques are taught in a progressive format with emphasis on how they apply to the game of hockey. Individualized instruction helps each athlete to achieve their skating potential. Skaters are grouped according to ability.

Pre-Hockey 1-3 (Ages 3-6 years)

FUN & GAMES are used to aid the beginning skater in gaining the fundamental skating skills used in hockey. Helmets are required.

Hockey Skating 1-8, Powerskating (Ages 6-14)

Classes will enhance power and speed. The classes progress by levels of increasing difficulty. Participant class level based on ability and age. Proper skating techniques are the primary focus. Helmets are required.



Class Level	Fridays	Saturdays	Sundays	Tuesdays
Practice Ice	5:20-6:20 pm		4:10-5:10 pm	4:40-5:10 pm
Pre-Hockey 1	9:30-10:00 am 5:20-5:50 pm	11:10-11:40 am	4:10-4:40 pm	9:30-10:00 am 4:40-5:10 pm
Pre - Hockey 2-3	10:00-10:30 am 5:20-5:50 pm			10:00-10:30 am 4:40-5:10 pm
Hockey 1	5:20-6:20 pm		4:10-4:40 pm	
Hockey 2-3	5:50-6:20 pm		4:40-5:10 pm	
Hockey 4-8				
Powerskating				

Jan. 3 3:00-4:00 pm

Jan. 9 - March 16, 2010

Feb. 9 - 14 No classes or practice

April 9 - May 11, 2010

Registration Day at Capitol Ice

Session 3 (9 weeks) \$ 110.00

Session 4 (5 weeks) \$ 65.00

FREE Practice Ice for class students. Family /friends must sign waiver & pay \$3.00

Please mail completed registration form & payment to:

Capitol Skating School, LLC, 4702 Toepfer Rd., Middleton, WI 53562

ALL CLASSES HELD AT:

CAPITOL ICE

2616 PLEASANT VIEW RD

MIDDLETON, WI 53562

608-833-3922

www.capitolskatingschool.com

2009-2010 Registration Form

session 3

session 4



SKATER'S NAME	DOB	AGE	CLASS DAY & TIME	PRE-HOCKEY (PLEASE CIRCLE CLASS NAME)	HOCKEY	1 2 3 4 5 6 7 8 (PLEASE CIRCLE) LEVEL
SKATER'S NAME	DOB	AGE	CLASS DAY & TIME	PRE-HOCKEY (PLEASE CIRCLE CLASS NAME)	HOCKEY	1 2 3 4 5 6 7 (PLEASE CIRCLE) LEVEL
STREET ADDRESS			CITY	STATE	ZIP	
PHONE				EMAIL ADDRESS		

Waiver: I am aware that participating in this program may result in serious injury/death, and I am willing to accept and assume all responsibilities for loss/damages/injuries that may occur. In addition, I release Capitol Skating School, LLC and its affiliates, Capitol Ice, LLC, sponsors and organizers from any liability. In the event of injury, I give my permission for the person in charge to seek medical attention. I authorize promotional use of participant's visual image and statements. I understand there are **no refunds**

Signature Participant if over 18 or Parent / Guardian

Date