



River Falls Parks & Rec. Dept.
222 Lewis St. ~ 426-3421



2011 Hockey Skills

March 1 - 31 (10 times)

1	Tuesday	3/1/2011	Ages 5-7 - 6:00 PM	Ages 8-10 & 11-14 - 7:00 PM
2	Thursday	3/3/2011	Ages 5-7 - 6:00 PM	Ages 8-10 & 11-14 - 7:00 PM
3	Tuesday	3/8/2011	Ages 5-7 - 6:00 PM	Ages 8-10 & 11-14 - 7:00 PM
4	Thursday	3/10/2011	Ages 5-7 - 6:00 PM	Ages 8-10 & 11-14 - 7:00 PM
5	Tuesday	3/15/2011	Ages 5-7 - 6:00 PM	Ages 8-10 & 11-14 - 7:00 PM
6	Thursday	3/17/2011	Ages 5-7 - 6:00 PM	Ages 8-10 & 11-14 - 7:00 PM
7	Tuesday	3/22/2011	Ages 5-7 - 6:00 PM	Ages 8-10 & 11-14 - 7:00 PM
8	Thursday	3/24/2011	Ages 5-7 - 6:00 PM	Ages 8-10 & 11-14 - 7:00 PM
9	Tuesday	3/29/2011	Ages 5-7 - 6:00 PM	Ages 8-10 & 11-14 - 7:00 PM
10	Thursday	3/31/2011	Ages 5-7 - 6:00 PM	Ages 8-10 & 11-14 - 7:00 PM

Come learn how to play hockey or continue to keep learning if you have already played in a fun non-competitive environment. We will do skills and drills the first 30 min. and then scrimmage the last 30 min.

Group 1: 5-7 years old 6-7:00 pm
Group 2: 8-10 years old 7-8:00 pm
Group 3: 11-14 years old 7-8:00 pm
Location: Wildcat Centre (across from High School)
Cost: \$75 each child ****Checks written to RF Parks & Rec.**

Equipment needed:

Skates, stick, mouth guard, helmet w/face mask, shin guards, elbow pads (any) and hockey gloves (optional).

Rental available:

Group 1 only: \$10 for a helmet w/face mask and shin guards for 10 weeks. (+\$50 Deposit)
\$10 for rental of Ice Skates for 10 weeks (must return after each class). (+\$50 Deposit)

Any questions or concerns please call us at 426-3421.

****Please be sure you arrive early enough to get the kids skates and equipment on so they are ready to go at scheduled start time each week!****

Hockey Skills Class Registration Form

Child's Name _____

Address _____

Phone # _____ Cell or Emergency # _____

Birth date _____ Email _____

Age Group: 5-7yrs: _____ 8-10yrs: _____ 11-14yrs: _____

I will need Equipment (Group 1 only):

_____ Check if need helmet w/face mask and shin guards for _____
Child's Name

_____ Check if need ice skates for _____
Child's Name

If you have checked one or both of these, please include two separate checks of \$50 each written to: RF Hockey Assoc. for the Deposit.

Also include a separate check for the fee of \$10 for each item checked written to: RF Hockey Assoc.

***Please come at 5:30 pm the first night if you need to rent equipment!**

I will help and volunteer (Please Check one):

_____ Head Coach or Co-Coach _____ for Group 1 or 2 (circle one)
Parent Name

_____ Asst. Coach _____ for Group 1 or 2 (circle one)
Parent Name

_____ Line Change Helpers – Help get the kids in and out with their lines, open and shut doors.

_____ Clock Runners – Help run the clock during scrimmage time.

_____ Equipment Distribution- 1st and Last night. Help hand out and collect rental equipment.
(Group 1 only)

My past hockey experience (check one):

_____ I have never played hockey and can barely skate.

_____ I have never played hockey but can skate ok.

_____ I have never played hockey but can skate great.

_____ I have played some organized hockey.

List number of years _____ and levels _____.