



406 Suburban Drive #186 • Newark, DE 19711

Fax: 302-224-5672

se send me \_\_\_\_\_ ( # of brochures to distribute in my area)

**Discount Section:**

10% Discount (if applicable): \_\_\_\_\_ Groups of 6-12 \_\_\_\_\_ Family \_\_\_\_\_ Multiple

12% Discount (if applicable): \_\_\_\_\_ Groups of 13-19

15% Discount (if applicable): \_\_\_\_\_ Groups of 20 or more

**Limit of one discount per player, per program. Discount cannot be combined.**

SUMMER SCHOOLS ONLY: (Clinic participants be sure to bring your own jersey)

Free Adult Jersey (Circle Size)                      S    M    L    XL    XXL    G

**..... PAYMENT INFORMATION .....**

Method of Payment: Check \_\_\_\_\_ Money Order \_\_\_\_\_

Credit Card: VISA \_\_\_\_\_ MC \_\_\_\_\_ Discover \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. \_\_\_\_\_

***I agree to the terms, policies and conditions herein and agree to AHS Policies regarding payment, credits and no refund policy.***

**... Liability Waiver ...**

The participant agrees that American Hockey Services, Inc., Our Instructors and the skating rink will not be held responsible for any accidents or loss, however caused, and agrees to release the proprietors and/or skating rink from all claims or damages which may arise as a result of or any reason of such accident or loss.

***I agree to the terms, policies and conditions herein and agree to AHS Policies regarding payment, credits and no refund policy.***

Signature: (Parent / Guardian of Minor) \_\_\_\_\_ Date: \_\_\_\_\_



# AMERICAN HOCKEY SCHOOLS



**American Hockey Services**  
**406 Suburban Drive - #186**  
**Newark, DE 19711**  
**302-593-6756**  
[\*\*ahsinformation@hotmail.com\*\*](mailto:ahsinformation@hotmail.com)

Dear AHS Participant:

Thank you for enrolling in our AHS Power Skating Dynamics Program. We hope your experience will be both fun rewarding. AHS offers the finest programs in the business while utilizing the most advanced techniques and training equipment available in the industry.

As an AHS Program participant, you will be expected to follow the requirements and instructions provided below.

**Day 1 Only:** Arrive \_ hour early to allow for check-in at AHS staff table. There you will receive instructions, pay any balances due, and advise AHS staff of any special accommodations needed (i.e. medicine, inhalers, etc.).

The first hour of each 3-hour session will consist of off-ice training (plyometrics and skill development sessions).

Each participant will be expected to perform very challenging physical activities, both on and off the ice. **Please come to camp mentally and physically prepared.**

More than one tardiness may result in termination from camp **without refund.**

Please wear workout clothes (gym shorts, t-shirt, sneakers). Each day bring a towel, full equipment, extra off-ice stick, change (for vending machines, phones, etc.), and plenty of water. **Please note that sodas and sport drinks will not be allowed during training.**

By popular demand, AHS merchandise will be available for purchase at the camp featuring our popular athletic wear, AHS hats, t-shirts, shorts, hoodies, and more. For preview, visit our website at [www.americanhockeyschools.com](http://www.americanhockeyschools.com). AHS only accepts checks or cash.

AHS is very strict regarding the following four areas:

- 1. No foul / inappropriate language or conduct**
- 2. No hitting or unwanted touching**
- 3. No insubordination towards any AHS or arena staff**
- 4. No tampering or damaging arena, AHS or any other property**

**Any instances such as these, and based upon the seriousness therefore, will result in termination from camp without refund.** In order to enjoy our ongoing success, AHS strives to maintain a fun, safe, and structured environment for everyone.

If you have any regarding the above or any other matter, please give me a call at (302) 593-6756, Monday – Friday, 9 – 5 p.m. You can also visit our website at: [www.americanhockeyschools.com](http://www.americanhockeyschools.com) or email us at [ahsinformation@hotmail.com](mailto:ahsinformation@hotmail.com). For directions to any AHS camp in a specific area, visit [www.arenamaps.com](http://www.arenamaps.com). See you at camp!

Yours in hockey,

**Charlie Pens, Director**  
American Hockey Services, Inc.  
d.b.a. American Hockey Schools

AMERICAN HOCKEY SCHOOLS



**\*\*\* LIABILITY WAIVER \*\*\***

The participant agrees that American Hockey Services, d.b.a. American Hockey Schools, our instructors, staff, skating rink will not be held responsible for any accidents or loss, however caused, and agrees to release the proprietors and/or skating rink from all claims or damages which may arise as a result of or any reason of such accident or loss.

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Signature - Parent / Guardian of Minor

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Date

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Parent / Guardian Name (Printed)

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Player's Name

AMERICAN HOCKEY SCHOOLS



**\*\*\* MEDICAL WAIVER \*\*\***

The Director, Coaches, and Staff of American Hockey Services, d.b.a. American Hockey Schools have my permission to administer medical care and/or seek professional medical care if deemed/judged necessary, for my child \_\_\_\_\_, who is a participant in the AHS Program. I understand that if AHS must bring my child to a doctor or hospital, all medical expenses and costs incurred are my financial responsibility. I also release the above noted AHS personnel from any liability associated with any medical decisions or care administered.

Signed:

\_\_\_\_\_  
Parent / Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian

\_\_\_\_\_  
Date