

BROUGHT TO YOU BY RICCI HOCKEY

POWERSKATING BY THE BEST

MARK CIACCIO - SKATING/SKILLS COACH
NHL - NY RANGERS

JUNE 19 - 22, 2017

THE ICE RANCH

841 SOUTHPARK DR. LITTLETON, CO

SESSION 1 9:00AM - 11:30AM BIRTHYEARS 2006-8U ADV

SESSION 2 11:45AM - 2:15PM BIRTHYEARS 1999-2006*

(*2006 NEEDS PRIOR APPROVAL FOR SESSION 2)



**8U
THRU
MIDGET
\$275**

- * 27 years International Powerskating Coach
- * Currently Skills Coach for the New York Rangers (NHL)
- * Former Powerskating Coach for the Phoenix Coyotes (NHL)
- * Former Powerskating Coach San Antonio Rampage (AHL)
- * Worked with Los Angeles Kings (NHL), Phoenix Roadrunners (IHL) Springfield Falcons (AHL) Utah Grizzlies (AHL)
- * German National Hockey Federation, many players from US Olympic Hockey Team
- * Former Head Coach NM Scorpions (CHL & WPHL)

Player's Name: _____ Position: _____
 Date of Birth: _____ 2016/2017 Team and Level: _____
 Address: _____
 City: _____ Zip: _____
 Phone 1: _____ Phone 2: _____
 Email Address: _____

****Confirmations will be sent by email****

****Please bring your own WATER BOTTLE and wear FULL HOCKEY GEAR. Jersey will be provided to each player****
Full payment or \$150 non-refundable deposit due at registration. Balance due 30 days prior to clinic date.

Choose **Session 1** _____ **Session 2** _____
 Choose method of payment: Visa _____ MasterCard _____ Check _____ Amount _____
 Cash _____ Check # _____ CC # _____ EX _____
 Cardholder's name _____

Please make all checks payable to: Ricci Hockey
Mail Registration to: 4434 S. Van Gordon Way, Morrison, CO 80465
Fax Registration to: (303) 972-2084
Register online at: www.riccihockey.com

Indemnification and Waiver of Liability: By registering for the above identified program, registrants acknowledge that the activities carried on in the program carry certain risks for the participants. Registrant has independently reviewed and evaluated the risks and determined to engage in the program with full knowledge and acceptance of the risk. The registrant also understands that Stick with the Edge, Angelo Ricci, staff, and The Ice Ranch do not assume liability for injuries occurring while participants are engaged in activities or when using its facilities. In those programs that require physical activities, while not required unless so stated, the registrant is encouraged to seek approval of their physician prior to commencing the program.

Signature of Parent/Guardian _____
 Date _____

FOR QUESTIONS OR MORE INFORMATION PLEASE CONTACT:

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ANGELO RICCI ANGELO@RICCIHOCKEY.COM **303-810-7022**

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