

BRAND NEW HOCKEY PROGRAM!

ADULT SKILLS CLINIC

*TEACHING THE SKILLS NECESSARY TO EXCEL IN THE
WORLDS FASTEST TEAM SPORT*

Features:

- ◆ Improve Your Skating Speed And Stride
- ◆ Increase Your Shot Accuracy And Velocity
- ◆ Enhance Your Puck Control And Handling
- ◆ Give and Receive Precise Passes
- ◆ Team Concepts
- ◆ Power Skating
- ◆ Positioning



HOME OF THE MISSOURI MAVERICKS



Contact Brandon Schultz at 816-442-6126 or
Bschultz@IndependenceEventsCenter.com

Come learn the game of hockey from professional instructors. We pride ourselves in our knowledge of teaching hockey fundamentals. We will work with each participant on a personal level to insure that we are teaching them the proper skills. We will take the time to teach each individual at their own pace so that they can properly develop and improve upon their skills.

Each practice plan is designed by Certified USA Hockey Coaches who are dedicated to the success of player development.



STARTING FEBRUARY 28th - ENDING APRIL 4th
MEETING SUNDAY NIGHTS @ 6:50PM



Please Check The Appropriate Boxes

Skill Level: Advanced Intermediate Recreational Beginner

Age: 17-24 25-31 32-37 38-44 45-51 52-60 60+

First _____ Last _____ MI _____
 Address _____ City _____ State _____ Zip _____
 Phone# _____ Cell# _____ Work# _____
 Email _____

Terms & Conditions/Waiver Release of Liability

Each person ("Participant") using Independence Events Center assumes all risk of personal injury, which may result from participation in all activities conducted at the Independence Events Center. The Participant will not hold Independence Events Center or Global Entertainment, or any of its officials, staff, owners, or the proprietor, liable for injury, which the Participant may sustain while participating in any activities, conducted at the Independence Events Center. The participant understands and agrees that the sport of ice hockey, ice-skating and all on-ice activities has physical dangers, which may result in serious injury or death. The Participant is advised to carry medical insurance. The Participant certifies that he/she has no known medical condition, which would prohibit him/her from playing the sport of ice hockey or ice-skating.

Participants Signature _____ Date _____