



## **SUMMER SESSIONS**

### **Skating Technique for Hockey**

**NHL Players have benefitted from this training and so can you!**  
**"If you can't skate, you can't play our game," Wayne Gretzky.**

#### **Balance, Agility and Maneuverability (BAM)**

Our Figure Skating Director, Karen Cohen-Prosnitz, teaches the Program. She has been a full time professional skating coach for over 30 years. Karen is a US Figure Skating Gold Medalist having competed in Freestyle, Pair Skating and Ice Dancing throughout the United States and internationally. She also trained in speed skating and power skating.

Karen has been teaching power skating and edges to hockey skaters. Her skating techniques begin with understanding the interaction between mental and muscle function to train the entire body, using correct edge positioning and balance to increase power and agility. Fast efficient skating is the goal.

**"If you're using improper technique quickly, all it means is you'll go nowhere faster."**  
**Bill Guerin, former professional NHL hockey player and three-time Olympian.**

#### **3 Summer Session Programs**

**Monday-Friday, July 9<sup>th</sup> -13<sup>th</sup>**

**Monday-Friday, July 30<sup>th</sup> – August 3<sup>rd</sup>**

**Monday-Friday, August 13<sup>th</sup> -17<sup>th</sup>**

**Cost: \$360 for 5 one-hour classes\*\*:** Mon, Tues, Wed & Fri 11:00am-12:00pm;  
Thurs- 8:30am-9:30am, Ice Time and Instruction is Included

***\*\*dates and times are subject to change***

Payments must be received before your first class by check or cash only (Make Check Payable to Karen Cohen-Prosnitz). For further information, please call Karen at 973-628-1500 ext. 123.

*All Payments may be dropped off at the Skating School Office (located in rink 1) or at the Front Desk in an envelope marked ATTN: Karen Cohen-Prosnitz with this completed form.*

**No Make-ups or Refunds for missed classes**



Player's Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Parent's Name \_\_\_\_\_

E-mail \_\_\_\_\_@\_\_\_\_\_

Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

LEVEL (Circle one): MT SQT PW/BT MDG/HS: POSITION (Circle one): Forward / Defense

**Select week(s) attending:**

\_\_\_ **Monday-Friday, July 9<sup>th</sup> -13<sup>th</sup>**

\_\_\_ **Monday-Friday, July 30<sup>th</sup> – August 3<sup>rd</sup>**

\_\_\_ **Monday-Friday, August 13<sup>th</sup> -17<sup>th</sup>**

**No Make-ups or Refunds for missed classes**

**WAIVER RELEASE**

It is agreed that neither the Ice Vault nor Karen Cohen-Prosnitz shall in no way be responsible or liable for any injury of any kind arising out of or in the course of an operation of the Ice Vault. It is the intention of the parent to waive and release any and all claims, of any kind whatsoever in law or in equity of his/her son/daughter, or ward, a minor on account of any injury of any kind arising out of or in the course of any operation of the Ice Vault. I grant the Ice Vault and Karen Cohen-Prosnitz the right to use all photographs and videos taken of me during any Ice Vault programs for advertising purposes.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_