

CUTTING EDGE+

HOCKEY SKILLS

Development & Improvement Program

Provided by:

MILTON YOUTH HOCKEY ASSOCIATION

This MYHA youth program is designed to provide 8 hours of ice time to participants of all levels (Blue Blades, Mites, Squirts, Peewees and Bantams). Players are separated, based upon their assessed skill levels and are rotated through "stations" to work on various drills and to gain experience in a relaxed and friendly environment.

Beginner skaters will learn to skate by coaches using a variety of techniques, including skate aids, agility drills, and fun games. Beginner skaters will be incorporated into the station drills once coaches feel they are ready. Intermediate to advanced skaters will be encouraged to give their greatest effort through positive instruction and feedback by the coaches. Half ice scrimmages will be facilitated during the 8 weeks to keep the competitive spirits going.

ALL PLAYERS MUST HAVE PROPER HOCKEY EQUIPMENT and a USA HOCKEY NUMBER

Helmet with face mask - Mouth guard - Skates - Shoulder/Chest Pad - Neck Guard - Gloves - Hockey Pants - Athletic Cup Protector - Hockey Socks - Elbow Pads - Stick - Shin Pads
(Loaner gear sets include everything you need **except** for skates, athletic cup protector, neck guard, and hockey socks)

Is your child new to hockey? Enrollment is FREE!!

**MYHA is pleased to offer first time players residing in Milton the opportunity to enroll in Cutting Edge for FREE. Note that registration and a USA Hockey # is required.*

MYHA has loaner gear that is available for use for first skaters. We want you to come try our program and learn just how great the MYHA program is!

PROGRAM DATES AND TIME:

Sunday 6/21 - 9:00am-10:00am
Sunday 6/28 - 9:00am-10:00am
Sunday 7/05 - 9:00am-10:00am
Sunday 7/12 - 9:00am-10:00am
Sunday 7/26 - 9:00am-10:00am
Sunday 8/09 - 9:00am-10:00am
Sunday 8/16 - 9:00am-10:00am
Sunday 8/23 - 9:00am-10:00am

Where!
Gutterson Field House
97 Spear Street
Burlington, Vermont 05405

USA HOCKEY Requirements

In order to participate all skaters must be registered with USA Hockey and obtain a USA Hockey number. There is a \$40.00 charge collected when registering on the USA Hockey Website. To complete the USA Hockey registration and obtain a hockey # for your player(s) please visit:

<https://www.usahockeyregistration.com>

*All Milton Warriors must be registered with USA Hockey on an annual basis. The current registration will expire mid-way through the Cutting Edge+ program therefore we highly recommend that all skaters re-register with USA Hockey. This new number will be valid for your **2015-2016** season.

With this registration you will receive:

- Subscription to USA Hockey Magazine, the most widely distributed hockey publication in the world
- World-class insurance coverage to provide peace-of-mind for all involved in the sport
- Extensive risk management dedicated to the safety of all participants, including research and education
- Membership in the organization that sends Team USA to:
 - ✓ Olympic and Paralympic Winter Games
 - ✓ World Championships at all levels for both men and women
 - ✓ Other international events
- Official Playing Rules to provide consistency for all participants
- Exclusive offers from:
 - ✓ Professional hockey teams
 - ✓ Equipment manufacturers
 - ✓ Official partners of USA Hockey

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REGISTRATION FORM

All players must be registered by June 15th!

Skater's Name: _____ Date of Birth: ____/____/____

Address: _____

____ Yes, I am interested in using one of MYHA's loaner gear sets

____ My registration fee is waived as I am a first time player residing in Milton.

Prior Skating Experience (team played on for 2014-2015 season): _____

USA Hockey #: _____

Parent Contact Name: _____ Home #: _____ Cell #: _____

Email Address: _____

List any medical conditions player may have:

Person to notify in case of emergency _____ Phone #: _____

Doctor to notify in case of emergency _____ Phone #: _____

PROGRAM COST: If you register and pay by June 1 you will receive a 10% discount - **\$90.00**.
After June 1, the registration fee is **\$100.00**

Checks/money order made payable to: MYHA

MYHA CUTTING EDGE+ PROGRAM COST IS NON REFUNDABLE

HOCKEY IS A CONTACT SPORT .. ALL SKATERS SKATE AT THEIR OWN RISK

As the parent or legal guardian of the above mentioned athlete, I hereby give consent for emergency medical treatment, if needed, and I certify that there are no limits to my child's participation as stated in writing and included with this application.

Signature of Parent/Guardian: _____ **Date:** _____

Please make check payable to MYHA and mail with registration form to:
MYHA, c/o Cutting Edge+, PO Box 742, Milton, VT 05468

Questions? Visit us at <http://www.milton-hockey.org>

Office Use: Date Rcvd _____ PAID \$ _____ Check # _____