



CLARION COUNTY YMCA

(814) 764-3400

499 MAYFIELD RD

CLARION, PA 16214

www.clarioncountymca.org

Programdirector@clarionymca.net

INDOOR HOCKEY CLINIC

AGES 6-8 ON WEDNESDAY NIGHTS 5PM-6PM

- Introduction to INDOOR HOCKEY!
- Skills Clinic Focused on Basic Fundamentals of Passing, Shooting, Trapping, and more.
- Clinic limited to 22 registration spots
- 4-week clinic held on Wednesday evenings 5:00 – 6:00 pm at Clarion County YMCA
- Clinic runs October 28th through November 18th
- Participants encouraged to bring their own equipment if they desire – just make sure name is clearly labeled. YMCA will provide equipment if participants do not have their own.
- Instruction of the program by Mark Bettwy and Jesse Kelley
- For more information contact Katie Neely programdirector@clarionymca.net or Jesse Kelley jkelly@clarionymca.net
- PLEASE CONSIDER VOLUNTEERING☺ Clearances are FREE and can be accessed from the following sites:
 - PA Criminal Background Check <https://epatch.state.pa.us/Home.jsp>
 - PA Child Abuse History Check <https://www.compass.state.pa.us/cwis/public/home>
- NO ONE WILL BE TURNED AWAY FOR FINANCIAL REASONS. If financial assistance is needed, please print the Scholarship Application at <http://www.clarioncountymca.org/resources> and ATTACH WITH YOUR REGISTRATION FORM BEFORE DEADLINE. Your application will be processed ASAP. The YMCA is a charity and raises donations through our Annual Campaign to support neighbors in need.

REGISTRATION DEADLINE: OCT 23rd

\$20 Members & \$34 Non-Members

REGISTER ONLINE <https://register.oilcityymca.org/ymca/pgsearch.php>

 Player _____ D.O.B. ____/____/____ M/F ____ Grade in 20-21 ____ School _____

Street Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Parent/Guardian Name _____ Signature _____

Family Member: _____ is willing to volunteer helping coaches during clinic (drill-set up, mimic skill instruction, etc.)

Media Release – Please circle Yes or No & sign below

Do you give Clarion County YMCA permission to use, without limitation or obligation, photographs, film footage or tape recordings that may include yours or your family member's image(s) or voice(s) for purposes of promoting or interpreting YMCA programs?

YES or NO Parents Signature _____



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