

Lawfield Technical Development



Improve Your Balance Edge
Control, Flow, Speed and Agility

Professional Instruction by:

M. Johnson, NCCP Level III certified coach and Canadian triple gold medallist with over 35 years of coaching experience. Moni has been running PSSS for 16 years.

Classes Held at: Lawfield Arena
All Classes are held on Sunday mornings
COST FOR 10 week Session
\$80 .⁰⁰ Per Child (HST included)

Children may move up or down to the class where they will benefit most, after a short evaluation period.

- Class sizes will be limited. Registrations will be accepted on a first come first serve basis only. You will receive written confirmation of an accepted registration.
- If classes are full, you will be called and your cheque destroyed or returned at your request. A short waiting list will be kept in case of cancellation.
- Full hockey equipment and stick are mandatory.

Return Registration form with cheque. Make cheques payable to Moni Johnson and send to:

Moni Johnson
174 Bastille Street,
Hamilton, Ontario
L9B 2G8

For more information call **Moni** at
(905) 387-9374

Or e-mail to : skates@quickclic.net

Register on Line at

<http://www.sk8canada.com>

Much more information is available on our web site.

Session 2 - (after Christmas)

Note: You must be a registered member of Lawfield Minor Hockey to take this class. -- No Exceptions.



MINOR HOCKEY ASSOCIATION

Session Dates – January 08th to
March 11th, 2012.

Registration Form

Name: _____

Address: _____

City: _____

Postal Code: _____

Phone: _____ Age: _____

Health Card Number - _____

E-mail address - _____

Requests to skate at:

- 7:00 ^{AM} (Tyke and Novice)
- 8:00 ^{AM} (Atom and First Year Pee Wee)
- 9:00 ^{AM} (Pee Wee [second year] / Bantam / Midget)

10 Week Session #2 – \$80.⁰⁰ per skater

Note: 1 hour includes a 10 minute flood.

I give my approval to this child's full participation in the Power Skating Skills School. I agree that Moni Johnson, her staff or the arena will not be held responsible for any injury or loss, however caused.

Parent or Guardian: _____

Date: _____