



OVERVIEW

In **3 on 3** hockey, each team has three skaters and a goalie on the ice at a time, giving players considerably more time to skate and handle the puck. The unique rules, including no icings and no two-line off sides contribute to a fast, exciting pace and this wide-open format promotes creativity amongst players of all skill levels. In **Skill Shots 3 on 3** you are always involved in the play and shifts are short to keep the pace of the game moving.

Some benefits of **3 on 3** are:

- *Stickhandling and Puck Control*
- *Ice Vision*
- *Develop Faster Reaction Time*
- *Improve Overall Skills*
- *Develop more confidence with the puck*
- *Play around the net both offensively and defensively*
- *Cardiovascular Workout*
- *FUN!*

DETAILS

Players will be signed up as individuals and teams will be selected fairly so as to maintain a balance in competition. If a player requests to join a team with a friend, we will make every effort to do so, but we cannot guarantee this. Teams consist of 9 players and 1 goalie to allow for the pace of the game to remain high. Games will be 50 minutes in length (two 25 minute periods). Players will be supplied with a jersey. Skill Shots will run each game to ensure safe and fair play.

SESSIONS

Mondays: 5 - 8 pm March 31, April 7, 14, 21, 28
Wednesday: 5 - 8 pm April 2, 9, 16, 23, 30

ELECTRONIC REGISTRATION FORM ON PAGE 2



You can now go to www.skillshots.net and register ONLINE!!

For more details please contact us at 519-869-6757 or 519-331-0011

www.skillshots.net



PETROLIA 3 ON 3 PLAYER REGISTRATION FORM 2014

Mail or drop off registration and payment to:

3489 Queen Street
Camlachie, Ontario N0N 1E0

Questions? Contact us at:

519-869-6757 or 519-331-0011
or Email to score@skillshots.net

PLAYER REGISTRATION INFORMATION (*Indicates required fields)

First Name* _____ Last Name* _____

Date of Birth* (YY/MM/DD) _____

Position* (Player or Goalie) _____ Male Female

Street Address* _____ City* _____

Province* _____ Postal Code* _____

Phone* _____ Cell* _____

Email Address* _____

What level are you playing this winter?*

Rep Indicate Level (ie. AAA, AA, A, AE, MD, etc) _____

House League

Girls Indicate Level (BB, B, C, House League, etc.) _____

Novice Atom Peewee Bantam Midget

Teammate Requested _____

Payment Method Cash Cheque E-Transfer score@skillshots.net

Jersey Size Youth M L XL Adult S M L XL Goalie

Preferred Jersey # _____ 2nd choice of # _____

PARENT INFORMATION

Are you interested in Coaching? Yes No

Name _____ Phone _____

Cell _____ Email Address _____

*I represent that the player on the other side of this form is physically fit to participate in the program and has no medical conditions that restricts participation. I further agree that participation in the above program exposes the player to significant risks of personal injury. As the parent or guardian of the player, I am aware of the risks, and voluntarily and knowingly recognize, accept, and assume this risk. I release **Todd Bidner, Skill Shots Inc.** and its employees, and affiliates from any and all claims for damages or injury in any way connected with the players participation in the program. In the event the player is injured, I give **Todd Bidner & Skill Shots Inc.** permission to seek medical or dental treatment. I further agree to hold **Todd Bidner & Skill Shots Inc.** harmless for lost/stolen articles of property. I grant **Todd Bidner & Skill Shots Inc.** the right to use all photos or video footage of the player for any and all instructional or promotional purpose. I further understand that this release is binding upon my heirs, executors and assigns.*

I acknowledge that this is a high intensity athletic program and accept all risks with the association of the participation in such a program.

Parent Signature

Date