



Learn to Play Hockey

601 Laurel Oak Rd.
Voorhees, NJ 08043
856-309-4400
www.flyersskatezone.com

The FLYERS SKATE ZONE has developed a progressive hockey skills development program that is designed to provide skills instruction for children ages seven through thirteen. This program has been designed as an introduction to hockey focusing on basic skills, with an emphasis on having FUN!

Weekly clinics teach the fundamental skills of skating, puck handling, passing, shooting, and game situations providing the participant with the opportunity to develop confidence and a positive self-image while experiencing achievement throughout the program.

The Learn to Play Hockey Program has been designed to prepare participants to move into a recreational hockey league, such as our Flyers Skate Zone Limited Travel Hockey League, once they have completed levels I - III

REQUIRED EQUIPMENT

- * Certified Ice Hockey Helmet & Full Facemask
- * Cup and Supporter
- * Ice Hockey Gloves
- * Ice Hockey Stick
- * Skates
- * Shin & Elbow Pads
- * Smile!

Recommended Equipment:

- * Shoulder Pads
- * Mouthguard
- Rental Skates are available at no additional cost.
- Inexpensive Equipment Starter packs are available in our Gear Zone

SUMMER 2009

WEDNESDAYS

6:40PM-7:40PM

Summer: July 15 - August 19, 2009

6-WEEK SESSION INVESTMENT

\$120.00

Class size is limited. Register Today!



AT VOORHEES

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PAYMENT OPTIONS

Please make checks payable to FLYERS SKATE ZONE

Circle One: Cash Check Money Order Visa Amex Master Card

Credit Card #: _____ Exp. Date: _____

Cardholder Signature: _____

Please return completed and Signed Application with Application Fee to:

The Virtua Center Flyers Skate Zone
"2009 Learn to Play Hockey"
601 Laurel Oak Road
Voorhees, NJ 08043

PARENTAL/PARTICIPANT CONSENT

IN CONSIDERATION OF THE STUDENT AND/OR HIS/HER PARENT BEING PERMITTED TO REGISTER THEMSELVES AND/OR THE PARTICIPANT IN THE CITED CLINIC AND/OR PROGRAM ON THIS REGISTRATION FORM, WE DO HEREBY FOREVER RELEASE AND DISCHARGE FLYERS SKATE ZONE ITS OFFICERS, AGENTS, EMPLOYEES AND ANY PERSON OR CORPORATION CONNECTED HEREWITH FROM ALL MANNER OF ACTION INJURY DAMAGES, COSTS, CLAIMS OR DEMANDS WHICH WE SHALL OR MAY HEREAFTER HAVE SUFFER OR RECEIVE BY REASON OF SUCH PARTICIPATION IN THE REGISTERED CLINIC AND/OR PROGRAM THIS RELEASE SHALL BE BINDING ON OUR HEIRS, ASSIGNS, EXECUTORS AND ADMINISTRATORS. FURTHERMORE, I UNDERSTAND THAT THE TUITION IS PAYABLE IN FULL WHEN THE APPLICATION IS SUBMITTED TO THE RINK OFFICE. PARTICIPANTS UNDER THE AGE OF 18 MUST HAVE PARENT OR GUARDIAN SIGNATURE TO PARTICIPATE IN FLYERS SKATE ZONE PROGRAMS.

SIGNATURE OF PARENT, GUARDIAN OR PARTICIPANT _____ DATE _____

Registration accepted on a first received basis.

**For More Information Contact
Ice Hockey Office**

(856) 309-4400 ext 2216

Visit us on the Web at: www.flyersskatezone.com



AT VOORHEES.

2009
Learn to Play Hockey
Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ Age: _____

Home Phone Number: _____

Mother's Name: _____ Work Phone: _____

Father's Name: _____ Work Phone: _____

E-Mail: _____

Previous Skating Experience (Years): _____

SESSION (please circle one)

SUMMER 2009

LEVEL (please circle one)

LEVEL I

PLEASE SEE OTHER SIDE FOR PAYMENT OPTIONS