



Flyers Limited Travel Hockey League

2009-2010 Fall/Winter Youth League



Flyers Skate Zone is dedicated to the development of youth hockey. Our programs are designed for the recreational and competitive hockey player and are focused on quality instruction. Our goal is to provide both the beginner and experienced player an opportunity to learn the game of hockey in a fun, challenging environment.

The focus of our Flyers Limited Travel Hockey League is fun and participation. Teams will play 10 home games and 10 "away" games and will have 20 practices. The away games will be held at other Flyers Skate Zone locations or local area rinks. This will limit the amount of travel incurred by each family, but allow for varied competition among all of our teams.



Age Classifications!

LEVEL	BIRTH YEARS
Mite	2001 & Younger
Squirt	1999 & 2000
Pee Wee	1997 & 1998
Bantam	1995 & 1996



CALLING ALL COACHES!

Flyers Skate Zone is looking for qualified coaches to help instruct our future players. Join our team and help the re-grow ice hockey in Northeast Philadelphia.

Please contact FSZNE Director of Ice Hockey:

Mike McMahon

Mcmahon@comcast-spectacor.com

215-618-0051



League Fee

Only \$ 875.00 per player!

\$250 Due with Registration

Balance due 10/30/09



SPACE IS LIMITED! REGISTER TODAY!

Call 215-618-0050 to sign up today!



Program Benefits

- * Games will be played with limited travel between Flyers Skate Zone locations as well as local area rinks!
- * Teams will be selected from a skills evaluation for all age classifications.
- * Twenty (20) games and twenty (20) practices.
- * Season-ending Playoffs for top four teams in each division!
- * All players receive a Flyers Limited Travel game jersey!
- * League schedule and standings maintained on Flyers Skate Zone website!

Session Dates & Times

EVALUATIONS: September 19, 2009

** Must have copy of birth certificate and 09-10 USAH Registration

Mite: 10-11 AM

Squirt: 10:30-11:30 AM

Pee Wee: 11:40-12:40 PM

Bantam: 12:50-1:50 PM

Practices Start: Week of October 5th

Games Start: Weekend of October 10 & 11

Playoff Weekend: March 2010



@ NE PHILADELPHIA

10990 Decatur Road ♦ Philadelphia, PA

(215) 618-0050

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

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:

Polonia Bank Flyers Skate Zone
"2009-10 Fall/Winter Flyers Limited Travel Hockey League"
10990 Decatur Road
Phila., PA 19154

PARENTAL/PARTICIPANT CONSENT

IN CONSIDERATION OF THE STUDENT AND/OR HIS/HER PARENT BEING PERMITTED TO REGISTER THE 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 SUFFERED 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
HOCKEY DIRECTOR— MIKE MCMAHON

(215) 618-0050

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



AT NE PHILADELPHIA

Fall/Winter 2009-10
Flyers Limited Travel
Hockey League
Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ Age: _____

SSN #: _____ Are you a Goaltender: Yes ___ No: ___

Previous Experience (Years): _____ 2008-09 Team: _____

Home Phone Number: _____

Mother's Name: _____ Work Phone: _____

Father's Name: _____ Work Phone: _____

E-Mail: _____

Parent(s) interested in coaching? Yes ___ No ___

Age Level interested in coaching? _____

Past coaching experience and accreditation (if any): _____

AGE LEVEL (please circle one)

Mite Squirt PeeWee Bantam

PLEASE SEE OTHER SIDE FOR PAYMENT OPTIONS

PROGRAM BENEFITS

- *The league will be held with limited travel among Flyers Skate Zone locations only*
- *Teams will be selected from a skills evaluation for all age levels at each Flyers Skate Zone*
- *Twenty (20) games: with a maximum of 3 at each of the other Flyers Skate Zone locations*
- *Season-ending Playoffs for top four teams in each division!*
- *Each team will have 20 practices*
- *Each player will receive a flyers limited travel team jersey*
- *League website maintained with league standings*

SESSION DATES

Evaluations: SEPTEMBER 13, 2008

**bring copy of birth certificate*

Mite: 10:40-11:55AM

Squirt: 9:15-10:30AM

Peewee: 11:00-12:15PM

Bantam: 12:30-1:45PM

Practices Start: Week of Oct 4th

Games Start: OCT 11 & 12

Playoffs: March 2009

YOU MUST DO YOUR USA HOCKEY REGISTRATION ONLINE AT www.usahockey.com

*****before registration*****