

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

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Birth Date: _____ Age: _____
Position _____ Goalie _____
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 Pee Wee Bantam

PAYMENT OPTIONS

Please make checks payable to FLYERS SKATE ZONE

Circle One: Cash Check Money Order Visa Master Card

Please return completed and Signed Application with Application Fee to:

The Flyers Skate Zone at Pennsauken
"2009-10 Fall/Winter Limited Travel Hockey League"
6725 River Road Pennsauken, NJ 08110

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 does not include USA Hockey Membership. (To register for USA Hockey Membership, please go to <http://www.usahockeyregistration.com/>)



Flyers Skate Zone Youth Limited Travel League

2009-2010 Season

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. This will limit the amount of travel incurred by each family, but allow for varied competition among all of our teams.



AGE GROUPINGS

<u>Level</u>	<u>Birth Year</u>
Mite	2001 & Younger
Squirt	2000 & 1999
PeeWee	1998 & 1997
Bantam	1996 & 1995

LEAGUE FEE

\$875.00*

Fee Schedule:

*\$200 Registration Fee due with Application
\$\$\$BALANCE is due prior to 9/30/09*

Space is limited. Register Today!

Hockey Director:
Bob Anderson

(856) 488-9300 ext. 122
banderson@comcast-spectacor.com

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 team jersey and a pair of hockey socks

League website maintained with standings.

SESSION DATES

Evaluations

SEPTEMBER 13th

**bring copy of birth certificate & USA HOCKEY REGISTRATION*

MITE & SQUIRT:

11 am-12p

PEEWEE & BANTAM:

12:15p-1:15p

Practices Start: WEEK OF SEPT. 29

Games Start: OCTOBER 4TH

Playoffs: March 2009

USA HOCKEY REGISTRATION

<http://www.usahockeyregistration.com>



6725 River Road ♦ Pennsauken. NJ

(856) 488-9300

Visit us on the Web at:

<http://pennsauken.flyersskatezone.com>