



At the corner of Decatur & Comly Roads  
10990 Decatur Road Philadelphia, PA

(215) 618-0050

# Learn to Play Hockey

Flyers Skate Zone is dedicated to the development of youth hockey. Our Learn to Play Hockey program is designed to provide opportunities for new hockey players to participate and have fun. The program provides participants on-ice instruction once a week in an effort to give the young hockey player an opportunity to learn the game in a fun, relaxed environment. The focus of our Hockey Skills Development programs are fun and participation. The Learn to Play Hockey program is the first step of the progression in our Hockey Skills Development program. The Learn to Play Hockey program is a feeder program for those players wishing to play in our Limited Travel Hockey League or Blazers Travel Ice Hockey Club.

## 2009-2010 CLASS SCHEDULE

6-week session-Saturdays 1:10 PM

COST: \$115

CHECK-IN REQUIRED AT FRONT DESK FOR EACH CLASS!

**\*Session 1: 9/26/2009-10/31/2009**

**\*Session 2: 11/7/2009-12/19/2009** \*11/28 no class!

**\*Session 3: 1/2/2010-2/6/2010**

**\*Session 4: 3/20/2010-4/24/2010**

**\*Session 5: 5/1/2010-6/5/2010**



**MORE INFO or QUESTIONS?**

**Hockey Director – Mike McMahon**

**215-618-0051 or email [mmcmahon@comcast-spectacor.com](mailto:mmcmahon@comcast-spectacor.com)**

Player's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parents Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Please make checks payable to FLYERS SKATE ZONE

Payment Options (Circle One):    Cash    Check    Money Order    Visa    Amex    Master Card

Credit Card#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Please Return to:    Polonia Bank Flyers Skate Zone at NE Philadelphia, "LTPH"  
10990 Decatur Road, Philadelphia, Pennsylvania 19154

### **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