



# PENNSAUKEN

## MITE & SQUIRT HOCKEY CAMP

Age group - 8, 9 & 10 yrs old

WITH BOB ANDERSON- HOCKEY DIRECTOR

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 in a fun, challenging environment. This Camp is designed for Travel Players to improve their overall game. Each day, the camp will focus on different aspects of the game.

### November 11, 2009

### 9am to 12pm

8:45am – 10:00am on ice  
10:00am – 10:30am Break  
10:30am – 11:45pm on ice

**COST: \$50**



FULL EQUIPMENT IS REQUIRED

If you have any questions contact: Bob Anderson, Hockey Director @ 856-488-9300 ext. 122  
or banderson@comcast-spectacor.com

Please Return to: Virtua Health Flyers Skate Zone at Pennsauken  
6725 River Road Pennsauken, New Jersey 08110

**Mite / Squirt  
Camp  
11/11**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Please make checks payable to FLYERS SKATE ZONE

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

### 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 PARTICIPANT

\_\_\_\_\_  
DATE