

Flyers Limited Travel Hockey League

2010 Season Spring Youth League

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

The focus of our Spring Limited Travel Hockey League is for fun and continued participation and enjoyment in the game of hockey. Teams will practice twice and play 10 games with the purpose of fun and recreation. The away games will be held at other Flyers Skate Zone locations and possibility of other Delaware Valley Rinks. This will limit the amount of travel incurred by each family, but allow for varied competition among all of our teams.

AGE GROUPINGS

Level	Birth Year
Mite	2002 & younger
Squirt	2000 & 2001
Pee Wee	1998 & 1999
Bantam	1996 & 1997
Midget	1992 - 1995

League Fee and schedule:

\$ 199.00*

***If paid before March 1st only,
\$229 if paid after March 1st**

****Must have submit proof of USAH
09-10 Membership with registration**
Balance is due prior to start of games
Space is Limited. Register Today!**

**Hockey Director:
Jared Siganuk**

609-441-1780 ext 225

jsiganuk@Comcast-Spectacor.com

PROGRAM BENEFITS

- The league will be held with limited travel among the Flyers Skate Zones and the possibility of other Delaware Valley Rinks.
- Teams will be divided from a skills evaluation for all age levels at each Flyers Skate Zone
- Ten (10) game season
- Season ending Playoffs for top four teams in each division!
- Each team will have 2 practices
- Each player will receive a team jersey
- League website maintained with standings

SESSION DATES:

Evaluations:

March 22, 2010

Mite: 6:00pm-7:00pm

Pee Wee: 7:10pm-8:10 pm

Midget: 8:20-9:20 pm

March 24, 2009

Squirt 6:40pm-7:40pm

Bantam: 7:50-8:50 pm

Practice Starts: Week of March 29

Playoffs: June 26-27

You must register your USA Hockey

Membership online

@ www.usahockey.com

before registration



Atlantic City

“Limited Travel”

501 N. Albany Ave

Atlantic City NJ 08401

FLYTH

Enrollment Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ Age: _____

09-10 Team and Level: _____

Home Phone : _____ Work: _____

Cell Phone: _____

E-mail: _____

AGE LEVEL (please circle one)

**Mite Squirt Pee Wee Bantam
Midget**

Website: www.flyersskatezone.com

Please return completed and sign application:

**Flyers Skate Zone, Atlantic City
"FYLT"
501 N. Albany Ave
Atlantic City NJ 08401
609-441-1780**

Parental/Participant Contest

IN CONSIDERATION OF THE STUDENT AND HIS/HER PARENT BEING PERMITTED TO REGISTER THE PARTICIPANT IN THE CITED CLINIC AND/OR PROGRAM ON THIS REGISTRATION FORM. WE DO HEREBY FOREVER RELEASE FLYERS SKATE ZONE ITS OFFICERS, AGENTS, EMPLOYEES AND ANY PERSON OR CORPORATION CONNECTED HEREWITHFROM ALL MANNER OF ACTION INJURY DAMAGES, COSTS CLAIMS OR DEMANDSWHICH WE SHALL OR MAY HEREAFTER HAVE SUFFER OR RECEIVE BY REASON OF SUCH PARTICATION 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. PARTICIANTS UNDER THE AGE OF 18 MUST HAVE PARENT OR GUARDIAN SIGNATURE TO PARTICIPATE IN FLYERS SKATE ZONE PROGRAMS.

SIGNATURE OF PARENT, GAURDIAN OR PARTICIPANT