

2010 Spring 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 Midget

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

"2010 Spring 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 www.usahockeyregistration.com)



Flyers Skate Zone Youth Limited Travel League

2010 Spring 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 5 home games and 5 "away" games and will have 3 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.



Special Gift

AGE GROUPINGS

<u>Level</u>	<u>Birth Year</u>
Mite	2002 & Younger
Squirt	2000 & 2001
PeeWee	1998 & 1999
Bantam	1997 & 1996
Midget	95,94,93,92

LEAGUE FEES

\$199 Early Bird

(pd in full by 3/19/10)

\$229.00*

Fee Schedule:

\$155 Registration Fee due with Application
\$\$\$BALANCE is due prior to 4/5/10

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
Ten (10) games
Season-ending Playoffs for top four teams in each division!
Each team will have 3 practices
Each player will receive a team jersey
League website maintained with standings and statistics!

SESSION DATES

Evaluations: March 27 & March 29

**bring copy of birth certificate*

MITE- 3/27 9:15 A & 3/29 6P

SQUIRT-3/27 10:30A & 3/29 7:15P

PEEWEE- 3/27 11:45A & 3/29 8:30P

BANTAM 1P (3/27 ONLY)

MIDGET: 2:15P(3/27 ONLY)

Practices Start: WEEK OF April 5th

Games Start: April 17TH

Playoffs: June 26th

**COMPLETE YOUR USA HOCKEY
REGISTRATION ONLINE AT
www.usahockeyregistration.com**



6725 River Road ♦ Pennsauken. NJ

(856) 488-9300

Visit us on the Web at:

<http://pennsauken.flyersskatezone.com>