



PENNSAUKEN

SPRING 2010 SQUIRT / PEEWEE INSTRUCTIONAL PROGRAM

WITH BOB ANDERSON- HOCKEY DIRECTOR

Flyers Skate Zone is dedicated to the development of youth hockey. This program is designed for the recreational & limited travel hockey player and will focus on individual skills instruction.

Age group - 12 & under

7:45pm – 9:00pm

Session # 1: 3/5, 3/12, 3/19, 4/9

Session # 2: 4/16, 4/23, 4/30, 5/7

Session # 3: 5/14, 5/21, 5/28, 6/4

Pre-Paid 4 Week session \$ 70.00

Drop in Fee \$ 20.00



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

Squirt Instructional Program
Spring 2010

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