



## **SUPERSKILLS CLINICS**

**WORK WITH THE TOP COACHES AND INSTRUCTORS IN THE AREA ON SKATING, PASSING, SHOOTING, STICKHANDLING & CHECKING. CLINICS WILL BE SUPERVISED/INSTRUCTED BY OUR HIGHLY QUALIFIED COACHING STAFF.**

**If you are coming from a program outside of any of the four Flyers Skate Zones, you may need a Waiver to participate. Please check with your current travel youth hockey club.**

### **INSTRUCTORS:**

**Keith Primeau\* Derian Hatcher\* Danny Briere\*  
Kevin Weller Bob Anderson Rob Badger  
Jared Beach Mario Tropea Phil Passarelli  
Joe Antonelli Jim Hoefle Vince Borgesi  
\*If available**

### **BIRTH YEAR, DATES AND TIMES**

**2002 & Younger: 4/5,4/6,4/7 4/8 6:15p**

**2001/2000: 3/22 5:25p, 3/24 5:40p, 3/30 5:30p, 3/31 5:40p**

**1999/1998: 3/22 & 3/24 8p, 4/1 6:45p, 4/6 7:30p**

**1997/1996: 3/23, 3/31, 4/1 8p 4/7 7:30p**

**1995/94/93/92: 3/30 9p, 4/1 8:15p, 4/6 & 4/7 8:45p**

**COST: \$80 per session (limit 40 skaters/6 goalies each session)**

**FULL EQUIPMENT IS REQUIRED**

**PLAYER ENROLLMENT IS LIMITED TO EXPERIENCED TRAVEL PLAYERS ONLY.**

**FOR MORE INFORMATION CONTACT: Bob Anderson HOCKEY DIRECTOR  
856-488-9300 ext. 122 or banderson@comcast-spectacor.com**

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

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

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

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

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

**09-10 Team:** \_\_\_\_\_ **Level of Play:** \_\_\_\_\_ **Years of Hockey Exp.:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Please make checks payable to FLYERS SKATE ZONE**

### **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**