



# Learn to Play Hockey

601 Laurel Oak Rd.  
Voorhees, NJ 08043  
856-309-4400  
www.flyersskatezone.com

The FLYERS SKATE ZONE has developed a progressive hockey skills development program that is designed to provide skills instruction for children ages seven through thirteen. This program has been designed as an introduction to hockey focusing on basic skills, with an emphasis on having FUN!

Weekly clinics teach the fundamental skills of skating, puck handling, passing, shooting, and game situations providing the participant with the opportunity to develop confidence and a positive self-image while experiencing achievement throughout the program.

The Learn to Play Hockey Program has been designed to prepare participants to move into a recreational hockey league, such as our Flyers Skate Zone Limited Travel Hockey League.

## *REQUIRED EQUIPMENT*

- \* Certified Ice Hockey Helmet & Full Facemask
- \* Cup and Supporter
- \* Ice Hockey Gloves
- \* Ice Hockey Stick
- \* Skates
- \* Shin & Elbow Pads
- \* Smile!

### *Recommended Equipment:*

- \* Shoulder Pads
- \* Mouthguard
- Rental Skates are available at no additional cost.
- Equipment is available in our Gear Zone

## *SESSION SCHEDULE*

### *SUMMER 2010*

*TUESDAY'S 6:40PM- 7:40PM*

*July 6th- August 10th, 2010*

*6-WEEK SESSION  
INVESTMENT*

***\$120.00***

*Class size is limited. Register Today!*



*AT VOORHEES*

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[www.flyersskatezone.com](http://www.flyersskatezone.com)

## PAYMENT OPTIONS

Please make checks payable to FLYERS SKATE ZONE

**Circle One:** Cash    Check    Money Order    Visa    Amex    Master Card

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Please return completed and Signed Application with Application Fee to:

The Virtua Center Flyers Skate Zone  
"2010 Summer Learn to Play Hockey"  
601 Laurel Oak Road  
Voorhees, NJ 08043

### 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 accepted on a first received basis.**

**For More Information Contact  
Jeremy Hall**

**(856) 309-4400 ext 2216**

Visit us on the Web at: [www.flyersskatezone.com](http://www.flyersskatezone.com)



AT VOORHEES.

# 2010 Summer Learn to Play Hockey Application

Name: \_\_\_\_\_

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

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

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

Home Phone Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Previous Skating Experience (Years): \_\_\_\_\_

**SESSION (please circle one)**

2010 SUMMER

**LEVEL (please circle one)**

LEVEL I

**PLEASE SEE OTHER SIDE FOR PAYMENT OPTIONS**