

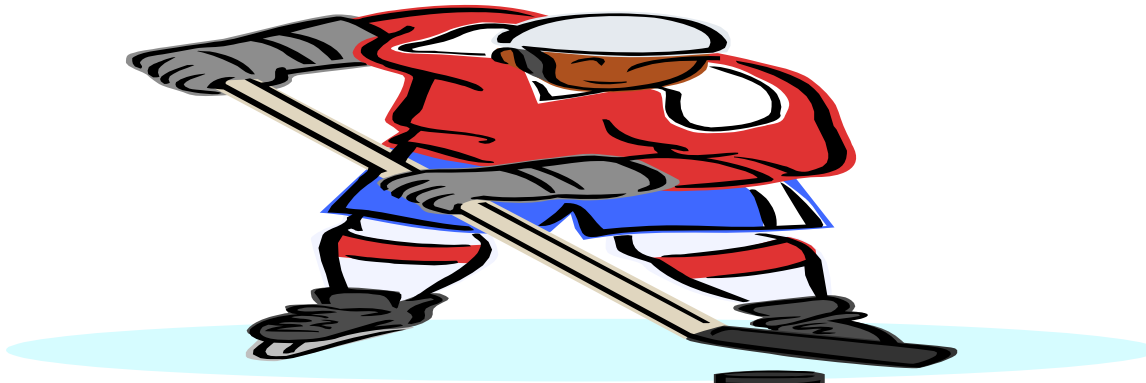


PENNSAUKEN

ADULT LEARN TO PLAY HOCKEY

WITH BOB ANDERSON- HOCKEY DIRECTOR

Flyers Skate Zone is dedicated to the development of hockey. This program is designed for the Hockey Parent or Adult who wants to learn to Skate and Play Hockey. Program will include Skating, Stickhandling, Shooting & Game Situations.



Summer 2010 Session

Dates & Times

July 5th @ 6:30p-7:30p
July 12th @ 6:30p-7:30p
July 26th @ 6:30p-7:30p

3 Week Session

Cost: \$ 60.00

Drop in fee: \$ 25.00

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

**Adult
Clinics Summer 2010**

Player's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Birth Date: _____ Age: _____
Home Phone: _____ Work Phone: _____
Contact Name: _____ E-Mail: _____

Payment Options (Circle One): Please make checks payable to FLYERS SKATE ZONE
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