



# FLYERS LIMITED TRAVEL HOCKEY LEAGUE

## 2010-2011 FALL/WINTER YOUTH LEAGUE

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 10 home games and 10 "away" games and will have 24 practices. The away games will be held at other Flyers Skate Zone locations or local area rinks. This will limit the amount of travel incurred by each family, but allow for varied competition among all of our teams.

### AGE BRACKET

Mite/ADM ( Born 2002 and younger)

Squirt (Born 2000 and 2001)

Pee Wee (Born 1998 and 1999)

Bantam (Born 1996 and 1997)

### CALLING ALL COACHES!

Flyers Skate Zone is looking for qualified coaches to help instruct our future players. Join our team and help to re-grow ice hockey in North-east Philadelphia.

### LEAGUE FEE

Only \$ 875.00 per player!

\$250 Due with Registration  
Balance due 10/30/10

SPACE IS LIMITED! REGISTER TODAY!

Call 215-618-0050 to sign up today!

### QUESTIONS?

Contact FSZ-NE Hockey Director  
Mike McMahon at 215-618-0051  
or  
mmcmahon@comcast-spectacor.com

### PROGRAM BENEFITS

- \* Games will be played with limited travel between Flyers Skate Zone locations as well as local area rinks!
- \* Season-ending Playoffs for top four teams in each division!
- \* All players receive a Flyers Limited Travel game jersey!
- \* League schedule and standings maintained on Flyers Skate Zone website!

### SEASON DETAILS

#### Mite ADM

- 6 Cross Ice Jamborees (Oct 2 - Nov 7)
- 14 Full-ice games (starting Nov 13) plus playoffs
- 24 Practices

#### Squirt - Pee Wee - Bantam

- 20 games plus playoffs
- 24 Practices

### EVALUATIONS

Saturday, September 18, 2010

\*\* Must have copy of birth certificate and 09-10 USAH Registration\*\*

Mite: 10-11 AM

Squirt: 11:15-12:15 PM

Pee Wee: 12:30-1:30PM PM

Bantam: 1:45-2:45 PM

Practices Start: Week of Sept 20

Games Start: Weekend of October 2 & 3

Playoff Weekend: March 2011



10990 Decatur Road □ Philadelphia. PA

(215) 618-0050

Visit us on the Web at:  
www.flyersskatezone.com

**PAYMENT OPTIONS**

Please make checks payable to FLYERS SKATE ZONE

Circle One: Cash    Check    Money Order    Visa    Amex    MasterCard

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

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

Please return completed and Signed Application with Application Fee to:

Polonia Bank Flyers Skate Zone  
"2009-10 Fall/Winter Flyers Limited Travel Hockey League"  
10990 Decatur Road  
Phila., PA 19154

**PARENTAL/PARTICIPANT CONSENT**

IN CONSIDERATION OF THE STUDENT AND/OR HIS/HER PARENT BEING PERMITTED TO REGISTER THE 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 SUFFERED 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 \_\_\_\_\_

For More Information Contact

HOCKEY DIRECTOR - MIKE MCMAHON

(215) 618-0050

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



FALL/WINTER 2010-2011  
FLYERS LIMITED TRAVEL  
HOCKEY LEAGUE  
APPLICATION

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

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

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

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

SSN #: \_\_\_\_\_ Are you a Goalender: Yes \_\_\_\_\_ No: \_\_\_\_\_

Previous Experience (Years): \_\_\_\_\_ 2009-10 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    PeeWee    Bantam

PLEASE SEE OTHER SIDE FOR PAYMENT OPTIONS