



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

# Learn to Play Hockey

WWW.FLYERSSKATEZONE.COM



The FLYERS SKATE ZONE has developed a beginner 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 a huge 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.

Our Learn to Play Hockey Program is designed to prepare participants to move into a recreational hockey league, such as our Flyers

## 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.
- Inexpensive Equipment Starter packs are available in our Gear Zone

## SESSION SCHEDULE

### Mondays

6:15pm—7:15pm

*Session 1: Sept 20 - Oct 25, 2010*

*Session 2: Nov 1 - Dec 13, 2010\**

*Session 3: Jan 3 - Feb 7, 2011*

*Session 4: Feb 14 - March 21, 2011*

*\*No clinic on 12/6*

**6-WEEK SESSION  
INVESTMENT**

**\$125.00\***

*\* includes Flyers Skate Zone jersey*

***Class size is limited. Register Today!***

### Beginner Skills Development

Level I is our starter hockey program for children with some basic skating skills who wish to try hockey. (Children who have never skated are required to complete at least one Learn-to-Skate Program class to acquire basic balance while skating) This program is designed to be fun and teach the basic skating and puck skills necessary to have a positive experience playing hockey.

## **NEW FEATURE!!!!**

### **JAMBOREE GAMES!!**

**All participants from Sessions 1 & 2 will play games on Monday 12/20 at 5:40pm, and all participants from Sessions 3 & 4 will play games on Monday 3/28 at 5:40pm**

**EQUIPMENT STARTER PACKAGES in our GEAR ZONE start at *JUST \$69!!!***

### *package includes:*

- \* Certified Ice Hockey Helmet & Full Facemask
- \* Ice Hockey Gloves
- \* Elbow Pads
- \* Shin Pads



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**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:

Virtua Center Flyers Skate Zone  
"2010-11 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 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 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

**2010-11  
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)**

**SESSION 1    SESSION 2**

**SESSION 3    SESSION 4**