

PAYMENT OPTIONS

Please make checks payable to FLYERS SKATE ZONE

Circle One: Cash Check Money Order Visa Master Card

Credit Card #: _____ Exp. Date: _____

Cardholder Signature: _____

Please return completed and Signed Application with Application Fee to:

The Virtua Center Flyers Skate Zone
"2010-11 Fall/Winter Limited Travel Hockey League"
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 does not include USA Hockey Membership.

To register for USA Hockey Membership, Please go to www.usahockey.com.

For More Information Contact

Jeremy Hall

(856) 309-4400 ext 2216

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



AT VOORHEES.

Fall/Winter 2010-11 Cross Ice Hockey League Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ Age: _____

Position _____ Goalie _____

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)

Cross Ice
(Ages 6 & Under)