



# FLYERS LIMITED TRAVEL HOCKEY LEAGUE

## 2011-2012 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 20 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 2003 and younger)

Squirt (Born 2001 and 2002)

Pee Wee (Born 1999 and 2000)

Bantam (Born 1997 and 1998)

Midget (Born 1992 through 1995)

### GAME FORMAT

Mite-Squirt 3- 12 min period stopped clock

Pee Wee- Midget 3- 13 min period stopped clock

I AM A GOALIE! (Circle) yes/no

## 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 Northeast Philadelphia.

### LEAGUE FEE

Only \$ 925.00 per player!

\$250 Due with Registration

Balance due 10/30/11

SPACE IS LIMITED! REGISTER TODAY!

Call 215-618-0050 to sign up today!

### QUESTIONS?

Contact FSZ-NE Hockey Director

Wayne Evans at 215-618-0051

or

wevans@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

- Cross Ice Jamborees
- 20 Cross-ice games (starting Nov 12) plus playoffs
- 20- Practices

### Squirt - Pee Wee - Bantam

- 20 games plus playoffs
- 20 Practices

## EVALUATIONS

Saturday, September 17, 2011

\*\* Must have copy of birth certificate and 11-12 USAH Registration\*\*

Mite: 10-11 AM (Cross-Ice)

Squirt: 11:15-12:15 PM

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

Bantam/Midget: 1:45-2:45 PM

Practices Start: Week of Sept 19

Games Start: Weekend of October 1 & 2

Playoff Weekend: March 2012



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 - Wayne Evans

(215) 618-0051

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



FALL/WINTER 2011-2012  
FLYERS LIMITED TRAVEL  
HOCKEY LEAGUE  
APPLICATION

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

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

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

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

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

Previous Experience (Years): \_\_\_\_\_ 2010-11 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    Midget

PLEASE SEE OTHER SIDE FOR PAYMENT OPTIONS