

**Fall/Winter 2011-12
Limited Travel
Hockey League
Application**

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Birth Date: _____ Age: _____
Position _____ Goalie _____
Previous Experience (Years): _____ 2000-11 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 Pee Wee Bantam

PAYMENT OPTIONS

Please make checks payable to FLYERS SKATE ZONE
Circle One: Cash Check Money Order Visa Master Card

Please return completed and Signed Application with Application Fee to:
The Flyers Skate Zone at Pennsauken
"2011-12 Fall/Winter Limited Travel Hockey League"
6725 River Road Pennsauken, NJ 08110

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 <http://www.usahockeyregistration.com/>)



Flyers Skate Zone Youth Limited Travel League

2011-2012 Season

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. This will limit the amount of travel incurred by each family, but allow for varied competition among all of our teams.



AGE GROUPINGS

<u>Level</u>	<u>Birth Year</u>
Mite	2003 & Younger
Squirt	2001 & 2002
PeeWee	2000 & 1999
Bantam	1998 & 1997

LEAGUE FEE

\$925.00*

Fee Schedule:

\$200 Registration Fee due with Application
\$\$\$BALANCE is due prior to 9/30/10

Register Today!

General Manager::
Jamie Oswald

(856) 488-9300 ext. 123
joswald@comcast-spectacor.com

PROGRAM BENEFITS

The league will be held with limited travel among Flyers Skate Zone locations & other local rinks.

Teams will be selected from a skills evaluation for all age levels at each Flyers Skate Zone Twenty (20) game season

Mite level will have 20 cross ice games starting Nov. 12, plus Jamborees.

Season-ending Playoffs for top four teams in each division.

Each team will have 24 practices

Each player will receive a team jersey and a pair of hockey socks

League website maintained with standings.

SESSION DATES

Evaluations

**bring copy of birth certificate & USA HOCKEY REGISTRATION*

FRIDAY 9/16/2011

MITE/SQUIRT:

5-6p

PEEWEE

6-7p

BANTAM: 9/17/2010

11:15a-12:15p

Practices Start: WEEK OF SEPT. 19th

Games Start: OCTOBER 1, 2011

Playoffs: March 2011

USA HOCKEY REGISTRATION

http://www.usahockeyregistration.com



6725 River Road ♦ Pennsauken. NJ

(856) 488-9300

Visit us on the Web at:

<http://pennsauken.flyersskatezone.com>