

Flyers Limited Travel Hockey League

2009 Season Spring 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 5 home games and 5 "away" games and will have 2 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	2001 & prior
Squirt	2000 & 1999
Pee Wee	1998 & 1997
Bantam	1996 & 1995
Midget	1994 - 1991

League Fee and schedule:

\$229**

**If paid after March 1st

\$199*

*If paid before March 1st only

***Must have proof of USAH
08-09 Membership with registration**

Balance is due prior to start of games

Space is Limited. Register Today!

Director of Hockey:

Gregg Ball

609-441-1780 ext 225

gball@Comcast-Spectacor.com

PROGRAM BENEFITS

- The league will be held with limited travel among Flyers Skate Zone locations only
- Teams will be selected from a skills evaluation for all age levels at each Flyers Skate Zone
- Ten (10) games: with a maximum of 3 at each of the other Flyers Skate Zone Locations.
- Season ending Playoffs for top four teams in each division!
- Each team will have 2 practices
- Each player will receive a team jersey
- League website maintained with standings and statistics!

SESSION DATES:

Evaluations:

March 24, 2009

Mite: 6:00pm-7:00pm

Squirt: 7:10pm-8:10 pm

Midget: 8:20-9:20 pm

March 25, 2009

Peewee 6:30pm-7:30pm

Bantam: 7:40-8:40 pm

Practice Starts: Week of April. 4th

Games Start: April 18th

Playoffs: June 27th

You must register your USA Hockey
Membership online

@ www.usahockey.com

before registration



Atlantic City

“ Limited Travel”

501 N. Albany Ave

Atlantic City NJ 08401

FLYTH Enrollment Application

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Birth Date: _____ Age: _____
Previous Experience: _____
Home Phone : _____ Work: _____
Cell Phone: _____
E-mail: _____

AGE LEVEL (please circle one)
Mite Squirt Pee Wee Bantam

Website: www.flyersskatezone.com

Please return completed and sign application :

**Flyers Skate Zone, Atlantic City
"FYLT"
501 N. Albany Ave
Atlantic City NJ 08401
609-441-1780**

Parental/Participant Contest

IN CONSIDERATION OF THE STUDENT AND HIS/HER PARENT BEING PERMITTED TO REGISTER THE PARTICIPANT IN THE CITED CLINIC AND/OR PROGRAM ON THIS REGISTRATION FORM. WE DO HEREBY FOREVER RELEASE 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 PARTICATION 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, GAURDIAN OR PARTICIPANT