



At the corner of Decatur & Comly Roads  
10990 Decatur Road Philadelphia, PA  
**(215) 618-0050**

AT NORTHEAST PHILADELPHIA

# POWER SKATING CLINIC

**WITH ROMAN BUSSETTI— GENERAL MANAGER— FSZ-NE  
& MIKE MCMAHON- DIRECTOR OF HOCKEY**

The Power Skating Clinic is geared to the player who wants to become a better hockey skater. This Clinic will help to increase skating strength, power, speed and endurance. This clinic will be available for all ages. Additionally, the clinic will focus on the following elements of skating:

- ◇ Proper Body Position
- ◇ Better Edge Control
- ◇ Power and Speed
- ◇ Body Conditioning

**MONDAYS**

**3/2/09-6/29/09 @5:30pm  
\*No Class May 11**

**Cost: \$20 walk on fee or \$12 for a 2008-09 BLAZER**

**For All Ages**



If you have any questions contact: Mike McMahon @ 215-618-0051 or [mmcmahon@comcast-spectacor.com](mailto:mmcmahon@comcast-spectacor.com)

## Power Skating Clinic at Flyers Skate Zone at NE Philadelphia

(To receive future information about clinics please complete)

Player's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

*Please make checks payable to FLYERS SKATE ZONE*

Payment Options (Circle One):    Cash    Check    Money Order    Visa    Amex    Master Card

Credit Card#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Please Return to:    Polonia Bank Flyers Skate Zone at NE Philadelphia, "Power Skating Clinics"  
10990 Decatur Road, Philadelphia, Pennsylvania 19154

## 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