



ADULT SKILLS, DRILLS & SCRIMMAGES CLINIC

Thursdays
9:20 PM

February 7
February 14
February 21
February 28
April 4

This program is designed for the Adult Hockey NUT looking to better his/her game and skills, including Skating, Stick handling, Shooting & Game Situations.

- Great Additional Ice Time for Your Adult League Team
- A Better Workout than a Gym
- Fun Environment

Clinic Cost: \$15 per session

FOR MORE INFORMATION CONTACT:

RALPH TRIBOLETTI

Hockey Director

215-618-0051

Ralph_Triboletti@comcastspectacor.com

FlyersSkateZone.com





ADULT SKILLS, DRILLS & SCRIMMAGES CLINIC

Register Online at FlyersSkateZone.com

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ DATE OF BIRTH: _____

EMAIL: _____

PARTICIPANT CONSENT

IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE IN ANY WAY IN THE ADULT SKILLS CLINIC PROGRAM, RELATED EVENTS AND ACTIVITIES OF HOCKEY, I _____, THE UNDERSIGNED, ACKNOWLEDGE, APPRECIATE, AND AGREE THAT:

1. THE RISK OF INJURY FROM THE ACTIVITIES INVOLVED IN THIS PROGRAM IS SIGNIFICANT, INCLUDING THE POTENTIAL FOR PERMANENT PARALYSIS AND DEATH, AND WHILE PARTICULAR RULES, EQUIPMENT, AND PERSONAL DISCIPLINE MAY REDUCE THIS RISK, THE RISK OF SERIOUS INJURY DOES EXIST; AND,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN OF MY PARTICIPATION IN ADULT SKILLS CLINIC, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS, AND ASSUME FULL RESPONSIBILITY FOR MY PARTICIPATION; AND,
3. I WILLINGLY AGREE TO COMPLY WITH THE STATED AND CUSTOMARY TERMS AND CONDITIONS FOR PARTICIPATION IN ADULT SKILLS CLINIC. IF, HOWEVER, I OBSERVE ANY UNUSUAL SIGNIFICANT HAZARD DURING MY PRESENCE OR PARTICIPATION, I WILL REMOVE MYSELF FROM PARTICIPATION AND BRING SUCH TO THE ATTENTION OF THE NEAREST OFFICIAL IMMEDIATELY; AND,
4. I, FOR MYSELF AND ON BEHALF OF MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE FLYERS SKATE ZONE, THEIR OFFICERS, OFFICIALS, AGENTS AND/OR EMPLOYEES, OTHER PARTICIPANTS, SPONSORING AGENCIES, SPONSORS, ADVERTISERS, AND, IF APPLICABLE, OWNERS AND LESSORS OF PREMISES USED TO CONDUCT THE EVENT ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

SIGNATURE OF PARENT, GUARDIAN OF PARTICIPANT: _____ DATE: _____

Please Return Signed Application to:

Jefferson Health Flyers Skate Zone | 10990 Decatur Road | Philadelphia, PA

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