



2019

Middle School League

For players in the 5th-8th Grades

Players will be evaluated and drafted by coaching staff to a team

League Runs January through May 2019

15 Game Season Plus Playoffs (Games Weekdays Monday-Friday)

15 Practices

Team and Individual Trophies for Champions and Runners Up

Evaluations

December 13 & 20 (2 nights)

5:10 pm

Rules and Regulations

USA Hockey Rules apply to game play

All teams, players, and coaches must be USA Hockey registered

Teams will receive matching uniforms

Player Cost: \$495





2019

Middle School League

CHILD NAME: _____

CHILD DATE OF BIRTH: _____ CHILD CURRENT SCHOOL: _____

PARENTS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ DOB: _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____

PLAYER GRADE LEVEL: _____ JERSEY SIZE: _____

PARTICIPANT CONSENT

IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE IN ANY WAY IN THE MIDDLE SCHOOL LEAGUE, 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 MIDDLE SCHOOL LEAGUE 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 MIDDLE SCHOOL LEAGUE. 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:

**Flyers Skate Zone
501 N. Albany Ave.
Atlantic City, NJ 08401**

FOR MORE INFORMATION CONTACT:

JARED SIGANUK
General Manager
609-441-1780 ext 226
Jared_Siganuk@comcastspectacor.com

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