MONDAY NIGHT SKILLS

HOCKEY SKATE ZONE ACADEMY

MONDAYS
5:50 PM
12 and Under

Our Monday Night Skills program is designed for players that are looking to benefit from an additional night of skating and skill development. The program is offered to players 12 years old and younger who are currently enrolled in Future Flyers, Flyers Development League, and Lite Travel.

This is great way for younger players to enhance their development by benefiting from an additional night of teaching and fun games.

$15 CLINIC FEE PER SESSION

NO CLASS FEBRUARY 3

FOR MORE INFORMATION CONTACT:

BRYAN CAMPBELL
Hockey Director
856-309-4400 ext 250
Bryan_Campbell@comcastspectacor.com

Virtua FLYERS SKATE ZONE

FULL HOCKEY EQUIPMENT REQUIRED

FlyersSkateZone.com

Monday Night Skills Application

Register Online at FlyersSkateZone.com/Monday-Night-Skills

CHILD NAME: _____

CHILD DATE OF BIRTH:_____ **CHILD CURRENT SCHOOL:**_____

PARENTS NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **DOB:**_____

EMAIL: _____ **PHONE NUMBER:**_____

2019-20 TEAM : _____

NO REFUNDS

REGISTRATION ACCEPTED ON A FIRST-RECEIVED BASIS. CLASS SIZES ARE LIMITED.

PARTICIPANT CONSENT

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

1. THE RISK OF INJURY FR OM 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 MONDAY NIGHT 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 MONDAY NIGHT 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 Make Checks Payable to:
Flyers Skate Zone

Please Return Signed Application to:
Virtua Center Flyers Skate Zone | 601 Laurel Oak Road | Voorhees, NJ 08043

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