POWER SKATING AND PUCK PROTECTION CLINIC

HOCKEY SKATE ZONE ACADEMY

Power Skating and Puck Protection Clinic is designed to help a player become a better skater, including passing, stick-handling, and shooting while also working protecting the puck. Power skating it will help to increase skating strength, power, speed and endurance using USA Hockey Drills and ADM Models.

10U-12U

5:40-6:40 PM

MONDAY, APRIL 1
FRIDAY, APRIL 5
MONDAY, APRIL 8
WEDNESDAY, APRIL 10
FRIDAY, APRIL 12

CLINIC FEE: $30 PER SESSION

FULL HOCKEY EQUIPMENT REQUIRED

Virtua FLYERS SKATE ZONE

FOR MORE INFORMATION CONTACT:

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

FlyersSkateZone.com

Power Skating and Puck Protection Application

Register Online at FlyersSkateZone.com

CHILD NAME: _____

CHILD DATE OF BIRTH: _____ CHILD CURRENT SCHOOL: _____

PARENTS NAME: _____

ADDRESS: _____

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

EMAIL: _____ PHONE NUMBER: _____

2018-19 TEAM : _____

NO REFUNDS

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

PARTICIPANT CONSENT

IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE IN ANY WAY IN THE POWER SKATING 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 SUMMER SKILLS AND SCRIMMAGES CAMP, 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 SUMMER SKILLS AND SCRIMMAGES CAMP. 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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FlyersSkateZone.com