



# SKILLS AND SCRIMMAGES CLINICS

8U-12U  
AGE LEVELS

**LIMITED TO EXPERIENCED TRAVEL PLAYERS ONLY**

Work with the top coaches and instructors in the area to get your skills ready for tryout/evaluation season.

**LIMIT 40  
SKATERS  
6 GOALIES  
EACH SESSION**

**EACH CLINIC WILL FOCUS  
ON DEVELOPING:**

- Shooting
- Stick Handling
- Passing
- Game Skills
- Skating



**Friday, March 13  
Monday, March 16  
Thursday, March 19  
Saturday, March 21**

**8U: 5:30 PM  
10U: 6:40 PM  
12U: 7:40 PM**

**\$100  
WALK ON  
FEE: \$30**

**REGISTRATION WILL NOT BE  
ACCEPTED WITHOUT FULL PAYMENT**

**FOR MORE INFORMATION CONTACT:**

**BRYAN CAMPBELL**

Hockey Director

856-309-4400 ext. 250

Bryan\_Campbell@comcastspectacor.com

**FULL HOCKEY EQUIPMENT REQUIRED**

[FlyersSkateZone.com](http://FlyersSkateZone.com)

# Skills and Scrimmages Clinics Application

Register Online at [FlyersSkateZone.com/SkillsandScrimmages](http://FlyersSkateZone.com/SkillsandScrimmages)

PLEASE CIRCLE ONE:

8U

10U

12U

CHILD NAME: \_\_\_\_\_

CHILD DATE OF BIRTH: \_\_\_\_\_ CHILD CURRENT SCHOOL: \_\_\_\_\_

PARENTS NAME: \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ DOB: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

2019-20 TEAM : \_\_\_\_\_ POSITION: \_\_\_\_\_

## 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 SKILLS AND DRILLS 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 SKILLS AND DRILLS 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 SKILLS AND DRILLS 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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