

Spring Fling “Learn to Compete”

Sunday, May 12

8:00-11:00 a.m.

AVAILABLE TO ALL LEARN TO SKATE USA MEMBERS

The Spring Fling “Learn to Compete” is eligible to all skaters who are current members of the Learn to Skate USA Program and/or members of US Figure Skating. To be eligible skaters must have submitted a membership application or be a member in good standing. Members of other organizations are eligible to compete BUT must be registered with the host Learn to Skate USA program or any other Learn to Skate USA program club.

All participants must also fill out the entire registration packet form available by email or in person.

Registration Deadline: May 10

1st Event: \$45

2nd Event: \$25

Learn to Skate USA Membership: \$20



FlyersSkateZone.com



CHILD NAME: _____

CHILD DATE OF BIRTH: _____ CHILD CURRENT SCHOOL: _____

PARENTS NAME: _____

ADDRESS: _____

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

EMAIL ADDRESS: _____ PHONE NUMBER: _____

		PLEASE CIRCLE ONE							
Skating Level:	Snow Plow Sam	1	2	3	4				
	Basic Skills	1	2	3	4	5	6		
	Free Skate	Pre	1	2	3	4	5	6	
	Hockey	1	2	3	4				
	Adult	1	2	3	4	5	6		

NO REFUNDS NO MAKEUPS

PARTICIPANT CONSENT

IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE IN ANY WAY IN THE LEARN TO SKATE PROGRAM, RELATED EVENTS AND ACTIVITIES OF SKATING, 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 LEARN TO SKATE, 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 LEARN TO SKATE. 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

FOR MORE INFORMATION CONTACT:

PAM DREYER
Skating Director
856-309-4400 ext 257
Pamela_Dreyer@comcastspectacor.com

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