

SUPERSKILLS CLINICS



BIRTH YEARS 2002 thru 2007

EXPERIENCED TRAVEL PLAYERS ONLY

Work with the top coaches and instructors in the area to refine your skills to be ready to compete at Tryouts

**EACH CLINIC
WILL FOCUS ON
DEVELOPING:**

- Skating
- Scoring
- Game Skills
- Winning Battles & Competing
- Hockey IQ

BIRTH YEARS 2002-2007:

Tuesday, March 24	2007- 6:00 p.m.
Thursday, March 26	2006- 6:15 p.m.
Tuesday, March 31	2002-2005- 7:15 p.m.
Thursday, April 2	
Sunday, April 5	2007- 2:45 p.m.
	2006- 3:00 p.m.
	2002-05- 4:15 p.m.

\$100

**WALK UP: \$30
PER SESSION**

**FULL HOCKEY EQUIPMENT
REQUIRED**

FOR MORE INFORMATION CONTACT:

JAMIE OSWALD

General Manager

856-488-9300 ext. 123

Jamie_Oswald@comcastspectacor.com

**LIMIT 40 SKATERS
6 GOALIES
EACH SESSION**



FlyersSkateZone.com

Superskills Clinics Application

Register Online at FlyersSkateZone.com/Superskills

PLEASE CIRCLE ONE: 2007 2006 15U 16U 18U

CHILD NAME: _____

CHILD DATE OF BIRTH: _____ CHILD CURRENT SCHOOL: _____

PARENTS NAME: _____

ADDRESS: _____

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

EMAIL: _____ PHONE NUMBER: _____

2019-20 TEAM : _____ USA HOCKEY #: _____

NO REFUNDS, NO PRO RATED PRICE

REGISTRATION ACCEPTED ON A FIRST-RECEIVED BASIS. REGISTRATION WILL NOT BE ACCEPTED WITHOUT FULL PAYMENT
CLASS SIZES ARE LIMITED.

PARTICIPANT CONSENT

IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE IN ANY WAY IN THE SUPERSKILLS 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 SUPERSKILLS 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 SUPERSKILLS 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 Health Flyers Skate Zone | 6725 River Road | Pennsauken, NJ 08110

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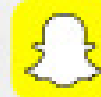
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