



# SUPERSKILLS CLINICS

BIRTH YEARS 2008 thru 2011

**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 2008-2011:

Tuesday, March 3

Thursday, March 5

2010/11- 6:00 p.m.

Tuesday, March 10

2008/09- 7:15 p.m.

Thursday, March 12

Saturday, March 14

2010/11- 9:15 a.m.

2008/09- 10:25 a.m.

**\$100**

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

**LIMIT 40 SKATERS  
6 GOALIES  
EACH SESSION**

**FULL HOCKEY EQUIPMENT REQUIRED**

**FOR MORE INFORMATION CONTACT:**

**JAMIE OSWALD**

General Manager

856-488-9300 ext. 123

Jamie\_Oswald@comcastspectacor.com

FlyersSkateZone.com

# Superskills Clinics Application

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

PLEASE CIRCLE ONE:

2011

2010

2009

2008

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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