



# BLAZERS

## GOALIE

## CLINIC

PRESENTED BY  
SKATE ZONE  
HOCKEY  
ACADEMY

FRIDAYS

5:40 PM

**EACH CLINIC WILL BE BROKEN DOWN  
TO FOCUS ON DEVELOPING AND  
IMPROVING GOALTENDING SKILLS**

GOALIE INSTRUCTION  
WILL BE LED BY  
ZTENDING

**SESSIONS START  
SEPTEMBER 8**

SEPTEMBER 8

OCTOBER 13

NOVEMBER 10

DECEMBER 15

JANUARY 12

FEBRUARY 9

**FULL HOCKEY  
EQUIPMENT  
REQUIRED**

**\$20 PER SESSION**

**\$10 FOR BLAZERS PLAYERS**



**FOR MORE INFORMATION CONTACT:**

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Hockey Director

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

# Blazers Goalies Clinics Application

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

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

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

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

EMAIL: \_\_\_\_\_

2017-18 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 BLAZERS SKILLS CLINICS 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 BLAZERS SKILLS CLINICS, 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 BLAZERS SKILLS 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:  
Aria Health Flyers Skate Zone | 10990 Decatur Road | Philadelphia, PA 19154

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