

LADY FLYERS

SPRING SESSIONS

SATURDAYS 10:00 AM

Session 6: June 16-August 4**

**No Class July 7 and 21

In an effort to grow girls hockey, the Flyers Skate Zone is proud to offer girls a chance to learn the game of hockey.

Using USA Hockey's American Development Model, we have created a class which focuses on the fundamental skills of skating, puck handling, passing, shooting, and small games with an emphasis on FUN!

Children with no skating instruction are required to start with our Learn-to-Skate Program prior to registering with this class.

PROGRAM BENEFITS INCLUDE:

6 practices all held at Flyers Skate Zone in Northeast Philadelphia

Loaner equipment is available to borrow in junior sizes only

Skates available in all sizes

Each player will receive a jersey

Clinic Fee: \$100

Need hockey equipment? Schedule an appointment with our Gear Zone Staff to receive the best customer service!

Gear Zone Store Manager: Tony Pacitti
215-618-0060 | Anthony_Pacitti@comcastspectacor.com

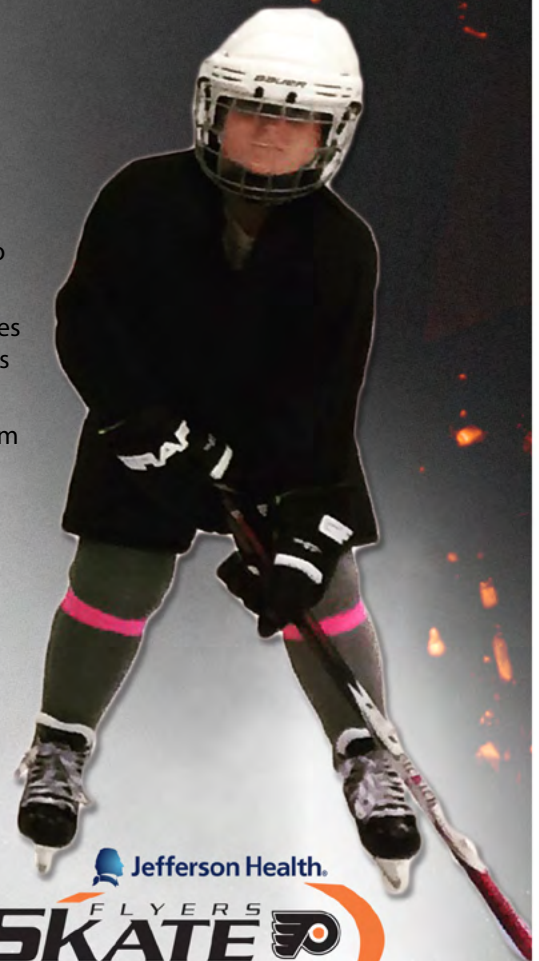
FOR MORE INFORMATION CONTACT:

CHRIS BOURNAZOS

Hockey Director

215-618-0051

Christopher_Bournazos@comcastspectacor.com



FlyersSkateZone.com

Lady Flyers Application

Register online at FlyersSkateZone.com

CHILD NAME: _____

CHILD DATE OF BIRTH: _____ CHILD CURRENT SCHOOL: _____

PARENTS NAME: _____

ADDRESS: _____

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

EMAIL ADDRESS: _____ PHONE NUMBER: _____

PREVIOUS SKATING OR HOCKEY EXPERIENCE: _____

POSITION (PLEASE CIRCLE ONE): SKATER GOALIE

PARENT INTERESTED IN COACHING: YES NO

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 LADY FLYERS 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 LADY FLYERS, 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 LADY FLYERS. 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:
Jefferson Health Flyers Skate Zone | 10990 Decatur Road | Philadelphia, PA 19154

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