

Learn to Skate

HOCKEY

SPRING SESSIONS

Tuesdays 6:30-7:30 PM

Skate to an unbreakable team.

The hockey curriculum is designed to teach the fundamentals of hockey skating. All elements will be taught without a stick or puck as proper skating techniques are the primary focus. Each week includes 30 minutes of professional instruction and 30 minutes of practice time.

Session 5:

April 3-May 8

Session 6

May 15-June 26*

*No class May 29

PROGRAM BENEFITS

- Rental skates available at no charge
- Learn to Skate USA Membership
 - Certificate of Achievement
- Learn to Skate USA Basic Skills Record Book

TIPS & SUGGESTIONS

- Skaters should arrive at least 20 minutes before class starts
 - Dress appropriately for a cold environment in layered, non-restrictive clothing.
- Hockey helmets are strongly recommended for all beginners & hockey skaters
- Ice skates should fit snugly while wearing only one pair of thin, dry socks
 - Gloves preferred instead of mittens

6 WEEK SESSION:
\$130

Students who register at least seven days prior to first class of session will receive six FREE Public Skating Admissions



LEARN TO
SKATE
USA

endorsed by



FlyersSkateZone.com

NAME: _____

ADDRESS: _____

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

PARENTS NAME: _____ CELL PHONE: _____

EMAIL: _____

PLEASE CIRCLE ONE

SESSION: Session 5 Session 6

What is Your Skating Interest?: Recreational Competitive Hockey Speed

Skating Level: Hockey 1 2 3 4

NO REFUNDS NO MAKEUPS
 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 LEARN TO SKATE 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 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:
 Aria Health Flyers Skate Zone
 10990 Decatur Road | Philadelphia, PA 19154

FOR MORE INFORMATION CONTACT:

AMBER HARTMAN
 Skating Director
 215-618-0050
 Amber_Hartman@comcastspectacor.com

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