

PRE EVALUATION SKILLS CLINICS

TUESDAY AND THURSDAYS
MARCH 2018



Looking to keep in shape, fine tune your game or just improve your skills? The Pre Evaluation Skills Clinics are created for the travel hockey player to do just that!! These clinics will be up-tempo classes for boys and girls who want to enhance their game before the tryout/evaluation season.

EACH CLINIC WILL BE BROKEN DOWN TO FOCUS ON DEVELOPING:

- Shooting
- Passing
- Skating
- Stick Handling
- Game Situations

U8:

Tuesday, March 6- 5:20 PM
Thursday, March 8- 4:40 PM
Thursday, March 15- 4:40 PM
Tuesday, March 20- 5:20 PM
Thursday, March 22- 4:40 PM

U10:

Tuesday, March 6- 6:30 PM
Thursday, March 8- 5:50 PM
Thursday, March 15- 5:50 PM
Tuesday, March 20- 6:30 PM
Thursday, March 22- 5:50 PM

U12:

Tuesday, March 6- 7:40 PM
Thursday, March 8- 7:00 PM
Thursday, March 15- 7:00 PM
Tuesday, March 20- 7:40 PM
Thursday, March 22- 7:00 PM



**\$25 Per Class or
\$100 for All 5 Sessions**



FULL HOCKEY EQUIPMENT REQUIRED

FOR MORE INFORMATION CONTACT:

CHRIS BOURNAZOS

Hockey Director

215-618-0051

Christopher_Bournazos@comcastspectacor.com

FlyersSkateZone.com

Pre Evaluation Skills 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 PRE-EVALUATION SKILLS 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 PRE-EVALUATION SKILLS 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 PRE-EVALUATION 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:
Jefferson Health Flyers Skate Zone | 10990 Decatur Road | Philadelphia, PA 19154

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