



SUMMER SKILLS AND SCRIMMAGES

SUMMER DAY CAMP

AUGUST 21-25

9:00 AM-4:15 PM

8U-14U

CURRICULUM:

ON ICE INSTRUCTION

Designed to develop a variety of skills, with a focus on:

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

DRY LAND TRAINING

Sport specific excersies concentrating on:

- Speed
- Agility
- Power
- Endurance
- Flexibility

CHALK TALK SESSIONS

Chalk talk sessions, lectures, and videos will reinforce our on and off ice instruction, while helping create a better understanding of the strategies and philosophies of hockey.

The Summer Skills & Scrimmages Camp is designed for both recreational and travel hockey players that are looking to elevate their game to the next level. Fundamental skills, physical conditioning, and a better understanding of the game of hockey will be the main goals of our coaching staff, all while encouraging a fun and competitive environment.

**900 MINUTES OF
ICE TIME DURING
THE CAMP**

**FULL HOCKEY
EQUIPMENT
REQUIRED**

\$275



FOR MORE INFORMATION CONTACT:

CHRISTOPHER BOURNAZOS

Hockey Director

215-618-0051

Christopher_Bournazos@comcastspectacor.com

FlyersSkateZone.com

Summer Skills and Scrimmages Camp Application

NAME: _____

ADDRESS: _____

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

PARENTS NAME: _____ CELL PHONE: _____

EMAIL: _____

2016-17 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 CHECKING 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 CHECKING 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 CHECKING 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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