



FUTURE FLYERS

WINTER SESSIONS SUNDAYS, 8:00 AM

Session 3: JANUARY 7 - FEBRUARY 18*

*No Class February 4

SUNDAYS, 2:40 PM

Session 4: FEBRUARY 25 - APRIL 15**

*No Class March 25 and April 1

SIX-WEEK SESSION: \$150

Flyers Skate Zone is dedicated to the development of youth hockey. Our Future Flyers program is designed to provide opportunities for hockey players ages 6 and under to participate and have fun. The program provides participants on-ice instruction once a week in an effort to give the young hockey player an opportunity to learn the game in a fun, relaxed environment.

The focus of our Future Flyers program is fun and participation. Each week players are encouraged to develop their skills during practice and then demonstrate these skills in competitive situations during cross-ice scrimmage games.

The Future Flyers program is the start of the progression in our Hockey Skills Development program. Flyers Skate Zone offers opportunities for ALL players of varying ability levels to participate and have fun playing the great game of hockey!

PROGRAM BENEFITS

- Each session will include a 40-minute skills development session, and a 20-minute cross-ice game
- First time participants will receive a jersey
- Goalie equipment will be available on loan for those interested in goaltending

LEVELS

- LEVEL 1 - Ages 5-9 • LEVEL 2 - Ages 10 and Older



FOR MORE INFORMATION, CONTACT:

Jared Siganuk, Hockey Director
609.441.1780 ext. 226 • Jared_Siganuk@comcastspectacor.com

FlyersSkateZone.com

**NEED HOCKEY
EQUIPMENT?**

Schedule an appointment with our Gear Zone Staff
to receive the best customer service!



Future Flyers Application

NAME: _____

ADDRESS: _____

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

PARENTS NAME: _____ CELL PHONE: _____

EMAIL: _____

PREVIOUS SKATING EXPERIENCE (YEARS): _____

SESSIONS (CIRCLE ONE): SESSION 3 SESSION 4 AGE LEVEL: 5-9 10 AND OVER

NO REFUNDS REGISTRATION ACCEPTED ON A FIRST-RECEIVED BASIS. CLASS SIZES ARE LIMITED.

USA HOCKEY REGISTRATION:

We recommend that all participants register with USA Hockey before class begins. Registration is FREE for 6U!
Bring in your registration and you will receive a FREE Stick Time pass. Visit USAHockey.com

PARTICIPANT CONSENT

IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE IN ANY WAY IN THE FUTURE 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 FUTURE 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 FUTURE 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:
Flyers Skate Zone | 501 N. Albany Ave. | Atlantic City, NJ 08401

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