



# FUTURE FLYERS

## FALL SESSIONS SATURDAYS, 8:45 AM

**Session 2: NOVEMBER 11 - DECEMBER 23\***

\*No Class November 25

**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:

**Andrew Dadds**, Head Hockey Instructor  
856.488.9300 • [Andrew\\_Dadds@comcastspectacor.com](mailto:Andrew_Dadds@comcastspectacor.com)

[FlyersSkateZone.com](http://FlyersSkateZone.com)

**NEED HOCKEY  
EQUIPMENT?**

Schedule an appointment with our Gear Zone Staff  
to receive the best customer service!  
**Greg Pellicano** Gear Zone Store Manager  
856.488.9300 x134 • [Greg\\_Pellicano@comcastspectacor.com](mailto:Greg_Pellicano@comcastspectacor.com)



# Future Flyers Application

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

PARENTS NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PREVIOUS SKATING EXPERIENCE (YEARS): \_\_\_\_\_

SESSIONS (CIRCLE ONE):                                      SESSION 1                                      SESSION 2

**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 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:  
**Virtua Health Flyers Skate Zone | 6725 River Road | Pennsauken, NJ 08110**

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**FlyersSkateZone.com**