



# FUTURE FLYERS

## WINTER SESSIONS SATURDAYS, 10:00 AM

**Session 4: FEBRUARY 24 - MARCH 31**

**SIX-WEEK SESSION: \$150**

Flyers Skate Zone is dedicated to the development of youth hockey. Future Flyers is an instructional program designed to provide aspiring hockey players ages 5 and older the opportunity to learn the game in a highly organized, fun filled environment. The program provides participants on-ice instruction once a week with our highly trained and experienced professional coaching staff.

The three pinnacles of our Future Flyers program are: FUN, SKILL DEVELOPMENT, and PARTICIPATION. Each week, our professional instructors will teach practice plans that challenge players to push themselves in an effort to improve their skills. All practices will finish with a scrimmage that provides players the opportunity to put their new skills into a game situation.

The Future Flyers program is the beginning phase in our Skate Zone Hockey Academy development program. Following the completion of this program, our goal is to have players ready for recreational game play in our very popular Flyers Youth Hockey League!

### 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



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

### FOR MORE INFORMATION, CONTACT:

**Andrew Dadds**, Head Hockey Instructor  
856.488.9300 • [Andrew\\_Dadds@comcastspectacor.com](mailto:Andrew_Dadds@comcastspectacor.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 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:  
**Virtua Health Flyers Skate Zone | 6725 River Road | Pennsauken, NJ 08110**

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**FlyersSkateZone.com**