

SUPERSKILLS CLINICS

MARCH-APRIL 2018

LIMITED TO
EXPERIENCED
TRAVEL PLAYERS
ONLY



Work with the top coaches and instructors in the area to get your skills ready for tryout/evaluation season.

**EACH CLINIC
WILL FOCUS ON
DEVELOPING:**

- Shooting
- Passing
- Skating
- Stick Handling
- Game Skills

INSTRUCTORS:

- Jeremy Hall
- Slava Kuznetsov
- Jared Beach
- Rob Badger
- J.R. Lafferty
- Nick Allison
- Pat Ferrill
- Karl Bonawitz
- Chris Therien
- Nick Schultz
- JD Vaites
- Brian Bowman

BIRTH YEARS 2004-2005

15U, 16U, 18U:

Tuesday, March 27
Thursday, March 29
Tuesday, April 3
Thursday, April 5
Monday, April 9

2005- 7:10 PM

2004- 6:00 PM

15U- 6:45 PM

16U- 5:30 PM

18U- 8:00 PM



\$99

LIMIT 40 SKATERS
6 GOALIES
EACH SESSION

FULL HOCKEY
EQUIPMENT REQUIRED

FOR MORE INFORMATION CONTACT:

JAMIE OSWALD

General Manager

856-488-9300 ext. 123

Jamie_Oswald@comcastspectacor.com

FlyersSkateZone.com

Superskills Clinics Application

PLEASE CIRCLE ONE

2005 2004 15U 16U 18U

NAME: _____

ADDRESS: _____

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

PARENTS NAME: _____ CELL PHONE: _____

EMAIL: _____

2017-18 TEAM : _____ SKATER OR GOALIE: _____

NO REFUNDS, NO PRO RATED PRICE

REGISTRATION ACCEPTED ON A FIRST-RECEIVED BASIS. REGISTRATION WILL NOT BE ACCEPTED WITHOUT FULL PAYMENT
CLASS SIZES ARE LIMITED.

PARTICIPANT CONSENT

IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE IN ANY WAY IN THE SUPERSKILLS 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 SUPERSKILLS 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 SUPERSKILLS 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:
Virtua Health Flyers Skate Zone | 6725 River Road | Pennsauken, NJ 08110

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