

# SUPERSKILLS CLINICS

LIMITED TO  
EXPERIENCED  
TRAVEL PLAYERS  
ONLY

MARCH 2018



FULL HOCKEY  
EQUIPMENT  
REQUIRED



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
- Pat Ferrill
- Karl Bonawitz
- Chris Therien
- Nick Schultz
- JD Vaites
- Brian Bowman

**BIRTH YEARS 2006-2009:**

**Tuesday, March 6**  
2008/09- 5:45 PM  
2007- 7:00 PM  
2006- 7:35 PM

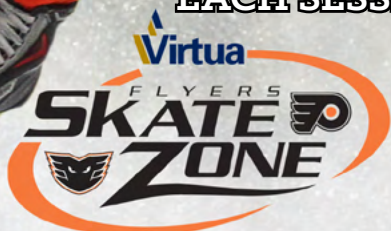
**Thursday, March 8**  
2009- 5:45 PM  
2008- 6:00 PM  
2007- 7:00 PM  
2006- 7:15 PM

**Tuesday, March 13**  
2008/09- 5:45 PM  
2007- 7:00 PM  
2006- 7:35 PM

**Thursday, March 15**  
**Monday, March 19**  
2009- 5:45 PM  
2008- 6:00 PM  
2007- 7:00 PM  
2006- 7:15 PM

**\$99**

LIMIT 40 SKATERS  
6 GOALIES  
EACH SESSION



**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

2009      2008      2007      2006

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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