

Learn to Skate

Saturdays 11:15 AM-12:15 PM

Strength. Confidence. Achievement. Experiences. Memories.

Discover this and more with our Learn to Skate program which includes 30 minutes of professional instruction and 30 minutes of practice time each week.

Session 1:

September 29-November 3

Session 2:

November 10-December 22*

*No class November 24

**6 WEEK SESSION:
\$150**

PROGRAM BENEFITS

- Rental skates available at no charge
- Learn to Skate USA Membership
 - Certificate of Achievement
- Learn to Skate USA Basic Skills Record Book

TIPS & SUGGESTIONS

- Skaters should arrive at least 20 minutes before class starts
- Dress appropriately for a cold environment in layered, non-restrictive clothing.
- Hockey helmets are strongly recommended for all beginners & hockey skaters
- Ice skates should fit snugly while wearing only one pair of thin, dry socks
 - Gloves preferred instead of mittens



FlyersSkateZone.com



endorsed by



CHILD NAME: _____

CHILD DATE OF BIRTH: _____ CHILD CURRENT SCHOOL: _____

PARENTS NAME: _____

ADDRESS: _____

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

EMAIL ADDRESS: _____ PHONE NUMBER: _____

PLEASE CIRCLE ONE

SESSION:	Session 1	Session 2						
Child's Skating Interest?:	Recreational	Competitive	Hockey	Speed				
Skating Level:	Snow Plow Sam	1	2	3	4			
	Basic Skills	1	2	3	4	5	6	
	Freestyle	Pre	1	2	3	4	5	6
	Hockey	1	2	3	4			

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

PARTICIPANT CONSENT

IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE IN ANY WAY IN THE LEARN TO SKATE PROGRAM, RELATED EVENTS AND ACTIVITIES OF SKATING, 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 LEARN TO SKATE, 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 LEARN TO SKATE. 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

FOR MORE INFORMATION CONTACT:

PAT MUDGE
Skating Director
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A1topskate@aol.com

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