Ice Skills Figure Skating Summer Camp

ICE SKILLS
FIGURE SKATING
SUMMER CAMP

Weekly from

JUNE 26-AUGUST 28

8:30 AM- 5:00 PM

AGES 6 AND UP

CAMP CURRICULUM

- Over Three Hours of Ice Time Daily!
- Have fun with friends while working towards your skating goals!
- Skaters should have basic skating skills and completed Basic 3 in Learn to Skate USA Basic Skills

OFF ICE ACTIVITES

- Costume Making
- Board Games
- Competitions
- Yoga
- Set Design
- Jump Rope
- Strategic Games
- Creative
- Movies
- Aerobics
- Water Games
- Off ice Spins and Jumps

$200 per week/ $45 per day

Half day/partial day rates available. 10% sibling discount

LEARN TO SKATE USA

FOR MORE INFORMATION CONTACT:

AMBER HARTMAN

Skating Director

215-618-0050

Amber_Hartman@comcastspectacor.com

FlyersSkateZone.com

ARIA HEALTH FLYERS SKATE ZONE®

endorsed by

US FIGURE SKATING

USA HOCKEY

US SPEEDSKATING

Application

NAME: _____

ADDRESS: _____

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

PARENTS NAME: _____ CELL PHONE: _____

EMAIL: _____

CURRENT SKATING LEVEL: _____ WEEKLY ($200) DAILY ($45)

PLEASE CIRCLE ONE

WEEK:	6/26-6/30	7/3-7/7	7/10-7/14	7/17-7/21	7/24-7/28	7/31-8/4	8/7-8/11	8/14-8/18	8/21-8/25	8/28-9/1

NO REFUNDS. We reserve the right to cancel due to enrollment. Please enroll early!

PARTICIPANT CONSENT

IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE IN ANY WAY IN THE CHECKING 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 CHECKING 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 CHECKING 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:
Aria Health Flyers Skate Zone | 10990 Decautr Road
Philadelphia, PA 19154

To Register Contact: Mary Jo Donahue
215-618-0054 | MaryJo_Donahue@comcastspectacor.com

WHAT TO BRING?

- Water and drinks
- Lunch and snacks
- Off ice workout clothes
- Warm clothes for public skating
- Yoga mat and jump rope

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