

# NORTHEAST WORLD CHAMPIONSHIPS



**MARCH-APRIL 2017**

**3V3 CROSS ICE ROUND ROBIN TOURNAMENT (10 GAMES)**

**FLYERS SKATE ZONE NORTHEAST PHILLY**

**COMPETITION LEVELS: 8U, 10U, 12U, 14U, 16U**

### **TOURNAMENT INCLUDES:**

1-2 games per week (2 games played per game slot)

Preliminary round will be round robin

Medal round will be semi-finals, followed by Goal Medal and Bronze Medal Game

Jersey Provided- Each team will represent a different country!

### **EVALUATION DATES**

Monday, March 13

Mites- 5:25-6:25 PM

Peewee- 6:35-7:35 PM

Midget- 7:45-8:45 PM

Wednesday, March 15

Squirt 6:35-7:35 PM

Bantam 7:45-8:45 PM

### **RULES:**

- 26 minute running clock
- Penalty shots awarded for penalties
- Shootouts will be used to declare ties

**\$175**

**\$150 IF REGISTERED BY FEB. 13**

**GOALIES ARE FREE**



**FOR MORE INFORMATION CONTACT:**

**ERIC SEMBORSKI**

Hockey Director

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



# Northeast World Championships Application

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

PARENTS NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PLEASE CIRCLE ONE

AGE LEVEL:      8 & UNDER      10 & UNDER      12& UNDER      14& UNDER      16& UNDER

SKATER

GOALIE

## NO REFUNDS

TEAMS WILL BE DIVIDED PRIOR TO THE SEASON BY THE SKATE ZONE STAFF. THE SKATE ZONE RESERVES THE RIGHT TO AMEND ROSTERS IF NEEDED.

### 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 Decatur Road | Philadelphia, PA 19154

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