



FUTURE FLYERS

FALL SESSIONS SATURDAYS, 10:00 AM

Session 1: SEPTEMBER 30 - NOVEMBER 4

Session 2: NOVEMBER 11 - DECEMBER 23*

*No Class November 25

SIX-WEEK SESSION: \$150

Flyers Skate Zone is dedicated to the development of youth hockey. Future Flyers is an instructional program designed to provide aspiring hockey players ages 5 and older the opportunity to learn the game in a highly organized, fun filled environment. The program provides participants on-ice instruction once a week with our highly trained and experienced professional coaching staff.

The three pinnacles of our Future Flyers program are: FUN, SKILL DEVELOPMENT, and PARTICIPATION. Each week, our professional instructors will teach practice plans that challenge players to push themselves in an effort to improve their skills. All practices will finish with a scrimmage that provides players the opportunity to put their new skills into a game situation.

The Future Flyers program is the beginning phase in our Skate Zone Hockey Academy development program. Following the completion of this program, our goal is to have players ready for recreational game play in our very popular Flyers Youth Hockey League!

PROGRAM BENEFITS

- Each session will include a 40-minute skills development session, and a 20-minute cross-ice game
- First time participants will receive a jersey
- Goalie equipment will be available on loan for those interested in goaltending

LEVELS

- LEVEL 1 - Ages 5-9
- LEVEL 2 - Ages 10 and Older



FOR MORE INFORMATION, CONTACT:

Christopher Bournazos, Hockey Director
215.618.0051 • Christopher_Bournazos@comcastspectacor.com



FlyersSkateZone.com

**NEED HOCKEY
EQUIPMENT?**

Schedule an appointment with our Gear Zone Staff
to receive the best customer service!

Tony Pacitti, Gear Zone Store Manager
215.618.0060 • Anthony_Pacitti@comcastspectacor.com



Future Flyers Application

NAME: _____

ADDRESS: _____

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

PARENTS NAME: _____ CELL PHONE: _____

EMAIL: _____

PREVIOUS SKATING EXPERIENCE (YEARS): _____

SESSIONS (CIRCLE ONE):

SESSION 1

SESSION 2

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

USA HOCKEY REGISTRATION:

We recommend that all participants register with USA Hockey before class begins. Registration is FREE for 6U! Bring in your registration and you will receive a FREE Stick Time pass. Visit USAHockey.com

PARTICIPANT CONSENT

IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE IN ANY WAY IN THE LADY FLYERS 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 LADY FLYERS, 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 LADY FLYERS. 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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