

NORTHEAST WORLD CHAMPIONSHIPS



MARCH-APRIL 2018

3v3 Cross Ice Round Robin Tournament (10 games)

Competition Levels: 8U, 10U, 12U, 14U, 18U

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!

RULES:

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

EVALUATION DATES

Wednesday, February 28

8U- 5:30 PM

10U- 6:30 PM

12U- 7:40 PM

Monday, March 19

14U- 5:50 PM

18U- 6:40 PM



\$175

\$150 IF REGISTERED BY FEB. 13

GOALIES ARE FREE



FOR MORE INFORMATION CONTACT:

CHRIS BOURNAZOS

Hockey Director

215-618-0051

Chirstopher_Bournazos@comcastspectacor.com

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 18& 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 NORTHEAST WORLD CHAMPIONSHIPS 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 NORTHEAST WORLD CHAMPIONSHIPS, 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 NORTHEAST WORLD CHAMPIONSHIPS. 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:
Jefferson Health Flyers Skate Zone | 10990 Decatur Road | Philadelphia, PA

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