

# Summer Skating Camp

JUNE 20-23

JULY 31-AUGUST 4

9:00 AM-12:00 PM

(Also includes the 12:30-2:30 PM Public Skating Session)

## CAMP CURRICULUM

- For Ages 5-13

- Based on the Learn to Skate USA program
- Learn how to skate or continue improving your ice skating skills for figure, hockey or recreational skating
  - ALL skill levels are invited to join!  
(Classes will be divided up by age and skill)
- Group class instruction, practice time, and off ice activities included in the camp sessions!

## WHAT TO BRING?

- Skates (Rentals are available at no charge)
- Lightweight jacket or sweatshirt, sweatpants, gloves
- Hockey equipment and hockey stick if interested in skating for hockey
  - Helmet (for all beginners)
  - Shorts, t-shirt, sneakers
    - Jump rope
- Snack, lunch, water bottle

JUNE 20-23: \$185

JULY 31-AUGUST 4: \$230

SINGLE DAY: \$65



LEARN TO  
**SKATE**  
USA

endorsed by



FlyersSkateZone.com

# Summer Skating Camp Application

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

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

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

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

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

PLEASE CIRCLE ONE

SESSION:                      June 20-23 (\$185)                      July 31-August 4 (\$230)                      Drop-In (\$65)

**NO REFUNDS. We reserve the right to cancel due to enrollment**  
**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: \_\_\_\_\_

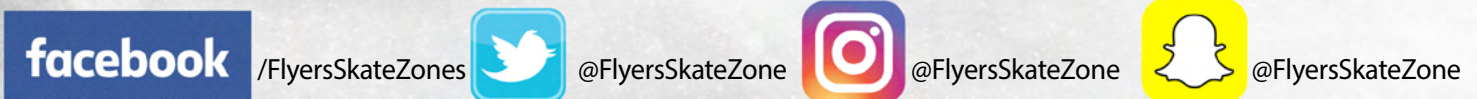
Please Make Checks Payable to:  
Flyers Skate Zone

Please Return Signed Application to:  
Virtua Center Flyers Skate Zone | 601 Laurel Oak Road  
Voorhees, NJ 08043

**FOR MORE INFORMATION CONTACT:**

**PAM DREYER**  
Skating Director  
856-309-4400 ext. 257  
Pamela\_Dreyer@comcastspectacor.com

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