

35

**FOR AGES
8-17**

Players will be grouped in their own age groups

SKATE STICKHANDLE SHOOT

ALLOWS YOU TO SCORE!

SPRING/SUMMER CLINICS 2019

DETAILS

MONDAYS

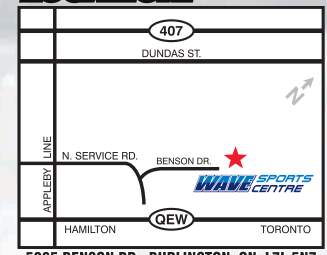
5pm at Wave Sports Centre

April 29, May 6/13/20/27,
June 3/10/17/24 (9 dates)

Classes with:

- ★ Jarret Reid
- ★ Mike Budd
- ★ Scott McCrory

LOCATION:



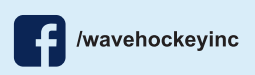
PRICING

All 9 classes

\$315

+tax
Per Player

OR \$40 +tax per class



OFFICIAL HOCKEY PARTNER



Registration available online at

WWW.WAVEHOCKEY.CA

or at StoneRidge Ice Centre

Contact us @ 905-336-3434 ext. 10
or TylerR@stoneridgeses.com

WAVE HOCKEY

REGISTRATION FORM (Please print)

Once completed, please fax to 905-336-9311 or drop off at StoneRidge Ice Centre (1179 Northside Rd, Burlington, ON L7M 1H5)

3S - SPRING/SUMMER CLINICS 2019

Participant's Name: _____

Parent/Guardian Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Emergency Contact Number: _____

Participant's Date of Birth (yyyy/mm/dd): _____ / _____ / _____ Sex: Male Female

Medical Conditions / Allergies / Questions: _____

E-mail: _____

What is the name & level of your current team?: _____

How did you hear about this camp?: _____

Level of Ice Hockey this year:

- | | | |
|----------------------------------|--|---|
| <input type="checkbox"/> Rep A | <input type="checkbox"/> House League Advanced | <input type="checkbox"/> Girls House League |
| <input type="checkbox"/> Rep AA | <input type="checkbox"/> Select | <input type="checkbox"/> Girls Rep |
| <input type="checkbox"/> Rep AAA | | <input type="checkbox"/> Other _____ |

Pricing: **\$355.95 All-in** *All 9 classes*
or **\$45.20 All-in** *Per individual class*

Indicate which date(s): April 29 May 20 June 10
 May 6 May 27 June 17
 May 13 June 3 June 24

ALL CREDIT CARD TRANSACTIONS WILL INCUR A 3.2% PROCESSING FEE ABOVE PRICE AND TAX.

Payment Options: Cash Cheque (Payable to Conacher Athletics Club) Visa MasterCard

Credit Card #: _____ Expiry: _____ / _____ CVD/CVV: _____

REGISTRATION CANCELLATIONS ARE SUBJECT TO A \$25 SERVICE CHARGE.

THE UNDERSIGNED IS RESPONSIBLE FOR THE CONDUCT OF THE PLAYER WHILE PARTICIPATING IN THIS PROGRAM. THE PLAYER SHALL BE GOVERNED BY THE RULES ESTABLISHED BY WAVE HOCKEY INC. MISSED CLASSES WILL NOT BE REIMBURSED. IT IS UNDERSTOOD THAT THE UNDERSIGNED PERSON OF LEGAL AGE OR LEGAL GUARDIAN SHALL NOT HOLD THE PROGRAM OR THEIR INSTRUCTORS, ADMINISTRATORS, OFFICIALS, OR THE FACILITY USED LIABLE IN THE EVENT OF INJURY OR LOSS IN ANY MANNER WHATSOEVER. I SPECIFICALLY WAIVE, GIVE UP AND RELEASE WAVE HOCKEY INC., ITS RELATED COMPANIES AND THEIR STAFF FROM ALL LIABILITY FOR ANY CLAIM FOR DAMAGES WHICH I MAY HAVE RELATING TO INJURIES OR ILLNESS THAT MY CHILD MAY SUSTAIN. BY SIGNING THIS WAIVER, I ALSO CERTIFY THAT MY CHILD IS IN GOOD HEALTH, WITH NO CHRONIC ILLNESS OR ABNORMAL TENDENCIES. THE PLAYER LISTED ABOVE IS REGISTERED UNDER THE CARE OF THE UNDERSIGNED AND ASSUMES ALL RISKS THROUGH ENROLLMENT IN THIS PROGRAM WHICH CONSISTS OF PHYSICAL INTERACTION CAPABLE OF INJURY. THE PLAYER MUST WEAR ALL APPROVED HOCKEY EQUIPMENT INCLUDING HELMET, FULL FACE MASK, SHIN PADS, ELBOW PADS, HOCKEY GLOVES, HOCKEY PANTS, SHOULDER PADS, MOUTH GUARDS AND HOCKEY SHIRT. I HAVE READ AND UNDERSTAND ALL ITEMS ON THIS PLAYER FORM. I UNDERSTAND THAT I AM PERMITTING WAVE HOCKEY INC. TO USE MY EMAIL ADDRESS FOR COMPANY-RELATED COMMUNICATIONS. I THE UNDERSIGNED AGREE TO ALLOW WAVE HOCKEY INC AND/OR ITS RELATED COMPANIES TO USE THE PARTICIPANTS' NAMES AND OR PICTURES FOR ADVERTISING PURPOSES.

Parent/Guardian Signature: _____ Date: _____