

CO-ED ADULT Learn to Play Hockey

FALL/WINTER 2017-18

DETAILS

Learn the fundamentals of the sport and improve your skills in shooting, passing and puck control. Fridays with **Jarret Reid** (Memorial Cup Champion) or Saturdays with primary coach, **Scott Mifsud** (Allan Cup Champion, Former AHL, University and International player, attended Toronto Maple Leafs and Boston Bruins camps).

These fun, sessions are perfect for players in the beginner to intermediate stages. A no pressure setting - take a break if you need it! Every week will end with a game of shinny. Minimum equipment required: skates, helmet, glove and stick. Please remember to bring a water bottle.

Our sessions sell out, so make sure that you sign up early. Get ready for a great time with loved ones, friends, or colleagues!

SESSIONS *Choose a Day and Session*

FRIDAY MORNINGS 10 - 11am

Session 1 Sept 15/22/29, Oct 6/13/20/27, Nov 3/10

Session 2 Nov 17/24, Dec 1/8/15/22, Jan 5/12/19

Session 3 Jan 26, Feb 9/16/23, Mar 2/9/16/23/30

NO CLASSES ON DEC 29 and FEB 2

SATURDAY AFTERNOONS 12 - 1pm

Session 1 Sept 16/23/30, Oct 7/14/21/28, Nov 4/11

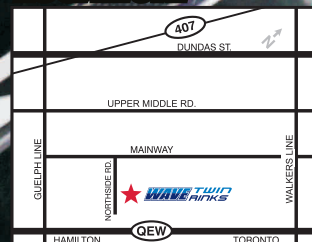
Session 2 Nov 18/25, Dec 2/9/16, Jan 6/20/27, Feb 10

Session 3 Feb 17/24, Mar 3/10/17/24/31, April 14/21

NO CLASSES ON DEC 23, DEC 30, JAN 13, FEB 3 and APR 7



LOCATION:



1179 NORTHSIDE RD, BURLINGTON, ON L7M 1H5

PLAYERS ARE ABLE TO GRADUATE FROM THIS PROGRAM INTO OUR WAVE ADULT ROOKIE LEAGUE!

PRICING *Per Session +HST*

Friday: **\$199**
(9 classes each)

Saturday: **\$249**
(9 classes each)



Registration available online at

WWW.WAVEHOCKEY.CA

or at Wave Twin Rinks.

Contact us @ 905-336-3434 ext. 14
or kelin@wavehockey.net

WAVE HOCKEY

REGISTRATION FORM (Please print)

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

CO-ED ADULT LEARN TO PLAY HOCKEY - FALL/WINTER 2017-18

Participant's Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

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

Email: _____

How did you hear about this program?: _____

What is your current Level of Skating?: Basic/Beginnner Intermediate

Current Level of Hockey:

- Do not play Old-timers
 Recreation League Other _____

Position played: Forward Defense Goalie

Which Session(s) are you registering for?:

Fridays 10 - 11am at Wave Twin Rinks

- Session 1** Sept 15/22/29, Oct 6/13/20/27, Nov 3/10 9 classes
 Session 2 Nov 17/24, Dec 1/8/15/22, Jan 5/12/19 9 classes
 Session 3 Jan 26, Feb 9/16/23, Mar 2/9/16/23/30 9 classes
NO CLASSES ON DEC 29 and FEB 2

Saturdays 12 - 1pm at Wave Twin Rinks

- Session 1** Sept 16/23/30, Oct 7/14/21/28, Nov 4/11 9 classes
 Session 2 Nov 18/25, Dec 2/9/16, Jan 6/20/27, Feb 10 9 classes
 Session 3 Feb 17/24, Mar 3/10/17/24/31, April 14/21 9 classes
NO CLASSES ON DEC 23, DEC 30, JAN 13, FEB 3 & APR 7

Pricing (per Friday Session) \$199.00 +HST = **\$224.87**

(per Saturday Session) \$249.00 +HST = **\$281.37**

Sign up any time throughout a Session and your fee will be prorated.

Payment Options: Cash Cheque (Payable to Wave Hockey) Visa MasterCard

Credit Card #: _____ Expiry: _____ / _____

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 LEAGUE 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 I MAY SUSTAIN. BY SIGNING THIS WAIVER, I ALSO CERTIFY THAT I AM 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.

Participant's Signature: _____ Date: _____