

# CO-ED ADULT Learn to Play Hockey

**FALL/WINTER 2019-20**

## DETAILS

Learn the fundamentals of the sport and improve your skills in shooting, passing and puck control.

These fun, sessions are perfect for players in the basic/ beginner to intermediate stages. A no pressure setting - take a break if you need it! Every week will end with a game of shinny. Full equipment is required, and 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** 10 CLASSES PER SESSION

**Saturdays 12 - 1pm**

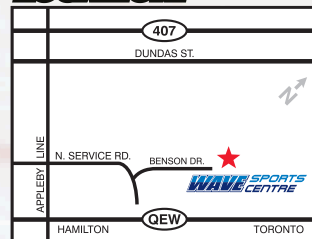
**Session 1** Sept 21/28, Oct 5/12/19/26,  
Nov 2/9/16/23

**Session 2** Nov 30, Dec 7/14/21,  
Jan 4/18/25, Feb 1/8/15  
(No classes on Dec 28 and Jan 11)

**Session 3** Feb 22/29, Mar 7/14/21/28,  
Apr 4/11/18/25

**FUN,  
RELAXED  
ATMOSPHERE!**

### LOCATION:



5065 BENSON DR., BURLINGTON, ON L7L 5N7

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

## PRICING

**\$269** +HST  
Per Session



Registration available online at

**WWW.WAVEHOCKEY.CA**

or at StoneRidge Ice Centre

Contact us @ 905-336-3434 ext. 13  
or [kmacdonald@stoneridgesc.com](mailto:kmacdonald@stoneridgesc.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)

### CO-ED ADULT LEARN TO PLAY HOCKEY - FALL/WINTER 2019-20

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?:
- Session 1: Sept 21/28, Oct 5/12/19/26, Nov 2/9/16/23 10 classes
- Session 2: Nov 30, Dec 7/14/21, Jan 4/18/25, Feb 1/8/15 10 classes  
(No classes on Dec 28 and Jan 11)
- Session 3: Feb 22/29, Mar 7/14/21/28, Apr 4/11/18/25 10 classes

Pricing per Session: \$269.00 + HST = **\$303.97**

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

**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 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: \_\_\_\_\_