

NEW EXPANDED SEASON!



BACKYARD HOCKEY

**FALL/WINTER/SPRING
2011-12**

LOTS OF FUN!

DETAILS

MINI-GAMES

- ★ Played on our large ice surfaces
- ★ Players shoot on open mini-nets in a fun & comfortable atmosphere
- ★ These 1-hour mini-games feature a Head Professional Hockey Instructor, teaching shooting, passing and game situations
- ★ Program is sponsored by the Burlington Cougars Jr. A Hockey Club. Benefits include:
 - Your team will play a game during a Cougars intermission
 - Tour the Cougars room and get autographs!
 - **Wear your Backyard jersey to any Cougars home game, and get FREE ADMISSION with a paying adult**
- ★ Cool Little Cougars Backyard Hockey Jersey included



**FOR AGES
3-7**

Please note: This is NOT a "Learn to Skate" program. It is highly recommended that your child has had skating lessons.

SOLD OUT!

Choose your preferred day, and Session.

Session 1 is 9 weeks. Session 2 is 8 weeks. Session 3 is 11 weeks.

SATURDAYS 11am at Wave Sports Centre

- Session 1** Sept 10/17/24, Oct 1/8/15/22/29, Nov 5
- Session 2** Nov 12/19/26, Dec 3/10/17, Jan 14/28
- Session 3** Feb 11/18/25, Mar 3/10/17/24, Apr 7/14/21/28

OR

SUNDAYS 11am at Wave Twin Rinks

- Session 1** Sept 11/18/25, Oct 2/9/16/23/30, Nov 6
- Session 2** Nov 13/20/27, Dec 4/11/18, Jan 15/29
- Session 3** Feb 12/19/26, Mar 4/11/18/25, Apr 8/15/22/29



PLAYERS GRADUATE FROM THIS PROGRAM INTO OUR ORIGINAL SIX PREMIUM DEVELOPMENT HOUSE LEAGUE!

PRICING

Per Player +HST

- Session 1: **\$155**
- Session 2: **\$139**
- Session 3: **\$189**

Prices based on number of weeks in Session

OFFICIAL HOCKEY PARTNER



Registration available online at

WWW.WAVEHOCKEY.CA

or at Wave Twin Rinks.

Contact us @ 905-336-3434 ext. 13
or jcaves@wavehockey.ca



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)

LITTLE COUGARS BACKYARD HOCKEY - FALL/WINTER/SPRING 2011-12

Participant's Name: _____

Parent/Guardian Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

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

E-mail: _____

How did you hear about this program?: _____

Level of Ice Hockey this year:

- Do not play
- House League Beginner
- House League Intermediate
- House League Advanced

*** Skating Ability: ***

- Beginner
- Intermediate
- Advanced

Other _____

Request to play with: _____

Are you interested in sponsoring a team?: Yes No

Full hockey equipment and stick are required.

Which Day/Session(s) are you registering for?:

SATURDAYS Session 1 Sept 10/17/24, Oct 1/8/15/22/29, Nov 5 9 dates
11am - 12pm
Wave Sports Centre Session 2 Nov 12/19/26, Dec 3/10/17, Jan 14/28 8 dates
SOLD OUT! Session 3 Feb 11/18/25, Mar 3/10/17/24, Apr 7/14/21/28 11 dates

SUNDAYS Session 1 Sept 11/18/25, Oct 2/9/16/23/30, Nov 6 9 dates
11am - 12pm
Wave Twin Rinks Session 2 Nov 13/20/27, Dec 4/11/18, Jan 15/29 8 dates
SOLD OUT! Session 3 Feb 12/19/26, Mar 4/11/18/25, Apr 8/15/22/29 11 dates

Price per Session (Includes jersey):
Session 1: \$155.00 +HST = **\$175.15**
Session 2: \$139.00 +HST = **\$157.07**
Session 3: \$189.00 +HST = **\$213.57**

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 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 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: _____