

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

SANCTIONED BY:



FOR AGES
3-7

LOTS OF
FUN!



FALL/WINTER/SPRING 2018-19

- ★ 50-minute sessions focused on:
 - BALANCE • EDGES / TIGHT TURNS • STOPPING
 - PUCK CONTROL / PASSING / SHOOTING
 - FORWARDS AND BACKWARDS SKATING
- ★ Players split into stations for drills. These classes end in mini-games (groups based on skill)
- ★ Head Instructor: Tyler Flemming
- ★ Cool Little Cougars jersey included

1 PARENT/GUARDIAN PER CHILD ALLOWED TO ASSIST ON THE ICE (HELMETS MANDATORY).

Includes membership into the Al's Source for Sports SUPER SPORT PROGRAM



Choose your preferred day, and Session(s).

SATURDAYS 11am at StoneRidge Ice Centre

Session 1 Sept 8/15/22/29, Oct 6/13/20/27,
15 weeks
Nov 3/10/24, Dec 1/8/15/22

Session 2 Jan 5/19/26, Feb 2/9/16/23,
15 weeks
Mar 2/9/16/23/*30, Apr 6/13/20

*March 30 class is at Wave Sports Centre at 11:30am
NO CLASSES ON NOV 17, DEC 29, and JAN 12

OR

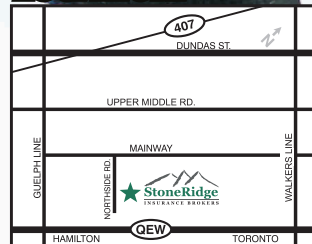
SUNDAYS 10:30am at StoneRidge Ice Centre

Session 1 Sept 9/16/23/30, Oct 7/14/21/28,
15 weeks
Nov 4/11/25, Dec 2/9/16/23

Session 2 Jan 6/20/27, Feb 3/10/17/24,
15 weeks
Mar 3/10/17/24/31, Apr 7/14/21

NO CLASSES ON NOV 18, DEC 30 and JAN 13

LOCATION:



1179 NORTHSIDE RD, BURLINGTON, ON L7M 1H5

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

PRICING

Per Session: **\$284**^{.96} +tax

Whole Season: **\$524**^{.78} +tax



OFFICIAL HOCKEY PARTNER



Registration available online at

WWW.WAVEHOCKEY.CA

or at StoneRidge Ice Centre.

Contact us @ 905-336-3434 ext. 10
or programs@wavehockey.net

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)

LITTLE COUGARS BACKYARD HOCKEY - FALL/WINTER/SPRING 2018-19

Participant's Name: _____

Parent/Guardian Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Cell 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 8/15/22/29, Oct 6/13/20/27, Nov 3/10/24, Dec 1/8/15/22 15 weeks
11am - 12pm
StoneRidge
Ice Centre
Pricing (Includes jersey): **\$322.00 All-in**

Session 2 Jan 5/19/26, Feb 2/9/16/23, Mar 2/9/16/23/*30, Apr 6/13/20 15 weeks
NO CLASSES NOV 17, DEC 29, JAN 12
Pricing (Includes jersey): **\$322.00 All-in** *March 30 class is at Wave Sports Centre at 11:30am

Full Saturday Season Sept 8 - Apr 20 **\$593.00 All-in** 30 weeks

SUNDAYS Session 1 Sept 9/16/23/30, Oct 7/14/21/28, Nov 4/11/25, Dec 2/9/16/23 15 weeks
10:30am - 11:30am
StoneRidge
Ice Centre
Pricing (Includes jersey): **\$322.00 All-in**

Session 2 Jan 6/20/27, Feb 3/10/17/24, Mar 3/10/17/24/31, Apr 7/14/21 15 weeks
NO CLASSES NOV 18, DEC 30, JAN 13
Pricing (Includes jersey): **\$322.00 All-in**

Full Sunday Season Sept 9 - Apr 21 **\$593.00 All-in** 30 weeks

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 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: _____