

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

FOR AGES
3-7

SPRING/SUMMER 2019

LOTS OF
FUN!



- ★ 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)
- ★ Final few classes are a full-ice game to prepare players for full games at the next level
- ★ Head Instructor: Tyler Flemming
- ★ Cool Little Cougars jersey included

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



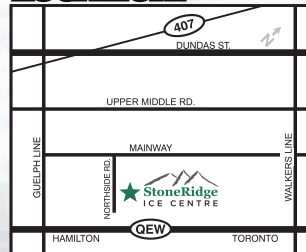
8 weeks of classes:

May 4/11/25, June 1/8/15/22/29

(No classes May 18)

OPTION	DAYS	START
1	Saturdays	11:30am
2	Saturdays	12:30pm

LOCATION:



1179 NORTHSIDE RD, BURLINGTON, ON L7M 1H5

PLAYERS GRADUATE FROM THIS PROGRAM INTO OUR WAVE POWER SKATING PROGRAMS!

PRICING Per Option

\$160 +tax
Per Player



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)

LITTLE COUGARS BACKYARD HOCKEY - SPRING/SUMMER 2019

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.**

★ Please choose a preferred timeslot Option:

- Option 1: Saturdays, 11:30am - 12:30pm or *May 4/11/25, June 1/8/15/22/29* 8 weeks
- Option 2: Saturdays, 12:30pm - 1:30pm *(No classes May 18)*

Pricing per timeslot option (Includes jersey): **\$180.80 All-in**

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: _____