

CHRISTMAS BREAK Hockey CAMPS

OPEN TO PLAYERS OF ALL LEVELS, BOYS & GIRLS

2018-19

FULL DAYS:

9am - 4pm (8am drop off, Pick up at 4 to 5pm)

*BONUS - No extra cost for drop off and pick-up times

Choose from 2 weeks:

Week 1: (2 days, Thurs & Fri)
Dec. 27, 28, 2018

Week 2: (3 days, Wed, Thurs, Fri)
Jan. 2, 3, 4, 2019

FOR AGES
**5-8 &
9-12**



SANCTIONED BY:




REGISTER FOR
ALL 5 DATES
(DEC 27, 28, JAN 2, 3, 4)
AND SAVE
\$85.88!
(\$299+tax)

* MUST REGISTER FOR
THE 2 WEEKS & ALL 5 DAYS
IN ORDER TO RECEIVE
DISCOUNT

PLAYERS WILL BE GROUPED BASED ON AGE AND SKILL

- ★ 2 on-ice sessions including:
 - Skills & Drills
 - Power Skating

- ★ Dry-land training, sports & activities 

- ★ Lunch Plan
 - 5 days = \$45+tax 2 days = \$18+tax
 - 3 days = \$27+tax 1 day = \$9+tax


LOCATION:



PRICING

Per Player +tax

Week 1: **\$150**
Week 2: **\$225**

 /wavehockeyinc  @wavehockey

Or any single date:
\$75



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)

CHRISTMAS BREAK HOCKEY CAMPS - DEC 2018, JAN 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: _____

Medical Conditions / Questions: _____

Emergency Contact: _____ Emergency Contact Number: _____

How did you hear about this camp?: _____

Level of Ice Hockey this year:

- | | | |
|--|----------------------------------|---|
| <input type="checkbox"/> Do not play | <input type="checkbox"/> Rep A | <input type="checkbox"/> Girls House League |
| <input type="checkbox"/> House League Beginner | <input type="checkbox"/> Rep AA | <input type="checkbox"/> Girls Rep |
| <input type="checkbox"/> House League Intermediate | <input type="checkbox"/> Rep AAA | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> House League Advanced | <input type="checkbox"/> Select | |

- ★ Which Week(s) are you signing up for?:
- Week 1, December 27 & 28 (2 days, Thurs & Fri): **\$169.50 All-in**
 - Week 2, January 2, 3, 4 (3 days, Wed, Thurs, Fri): **\$254.25 All-in**
 - Both Weeks: \$337.87 All-in SAVE \$85.88!**
** MUST REGISTER FOR THE 2 WEEKS & ALL 5 DAYS IN ORDER TO RECEIVE DISCOUNT*
 - Any Single Date: **\$84.75 All-in**
Selected Date: _____

- ★ Would you like to sign up for the Lunch Plan?:
- Yes
Total for Week 1 becomes \$189.84 (\$20.34 added)
Total for Week 2 becomes \$284.76 (\$30.51 added)
Total for Both Weeks option becomes \$388.72 (\$50.85 added)
Total for a Single Date becomes \$94.92 (\$10.17 added)
 - No

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: _____