

CHRISTMAS BREAK Hockey CAMPS

OPEN TO PLAYERS OF ALL LEVELS, BOYS & GIRLS

2019-20

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: (2.5 days, Mon, **Tues** & Fri)

Day	Duration
Mon, Dec. 23	Full Day
Tues, Dec. 24	Half Day (9am - noon)
Fri, Dec. 27	Full Day

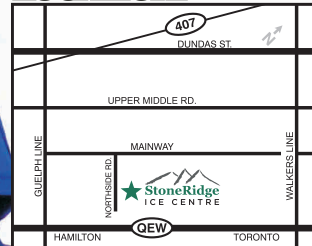
Week 2: (3.5 days, Mon, **Tues**, Thurs, Fri)

Day	Duration
Mon, Dec. 30	Full Day
Tues, Dec. 31	Half Day (9am - noon)
Thurs, Jan. 2	Full Day
Fri, Jan. 3	Full Day

FOR BOYS & GIRLS
5-12



LOCATION:



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

3 days = \$30.51

2 days = \$20.34

1 day = \$10.17

**No lunch option for Half Day Camp (picked-up by noon)*



PRICING

Per Player, All-in



/wavehockeyinc



@wavehockey

Week 1: **\$192**^{.10}

Week 2: **\$265**^{.55}

Or any single date:

\$84^{.75}



Registration available online at

WWW.WAVEHOCKEY.CA

or at StoneRidge Ice Centre.

Contact us @ 905-336-3434 ext. 10

or alicia@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)

CHRISTMAS BREAK HOCKEY CAMPS - DEC 2019, JAN 2020

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 last year:

- House League Beginner Rep A Girls House League Select/MD
 House League Intermediate Rep AA Girls Rep Other _____
 House League Advanced Rep AAA

★ Which Week(s) are you signing up for?:

Week 1: (2.5 days, Mon, **Tues** & Fri)

Week 2: (3.5 days, Mon, **Tues**, Thurs, Fri)

Day	Duration
Mon, Dec. 23	Full Day
Tues, Dec. 24	Half Day <small>(9am - noon)</small>
Fri, Dec. 27	Full Day

Week 1: \$192.10 All-in

Day	Duration
Mon, Dec. 30	Full Day
Tues, Dec. 31	Half Day <small>(9am - noon)</small>
Thurs, Jan. 2	Full Day
Fri, Jan. 3	Full Day

Week 2: \$265.55 All-in

Any Single Date (Selected Date: _____)

(Full Days - Dec 23, 27, 30, Jan 2, 3): **\$84.75 All-in**

(Half Days - Dec 24, 31): **\$56.50 All-in**

★ Would you like to sign up for the Lunch Plan?:

Yes

No

Total for Week 1 becomes **\$212.44** (\$20.34 added)

Total for Week 2 becomes **\$296.06** (\$30.51 added)

Total for a Single Date becomes **\$94.92** (\$10.17 added)

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: _____