



Our program caters to both Rep & Advanced House League levels, and incorporates both Boys & Girls. We have a low instructor-to-student ratio and players are grouped according to skill level. We train defensemen with game-type situations on our large ice surfaces.

CROSS BORDER

DEFENSEMAN SCHOOL

- ★ Gap control
- ★ D-Zone coverage
- ★ First passes
- ★ Efficient stick use
- ★ NHL-calibre drills
- ★ Front-of-net control
- ★ Backwards skating techniques
- ★ Containing
- ★ Point shooting

FOR AGES 7-13

SESSIONS

AGE GROUPS	DAY	TIME
7-10, 11-13	Mondays	6 - 7pm

Players will be grouped based on skill.

Sessions 1 and 2 are 10 weeks long. Session 3 is 9 weeks.

Session 1 Sept 12/19/26, Oct 3/10/17/24/31, Nov 7/14

Session 2 Nov 21/28, Dec 5/12/19, Jan 2/9/16/23/30

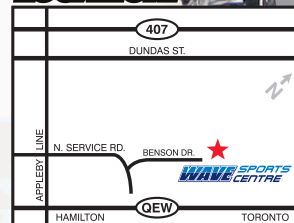
Session 3 Feb 6/13/20/27, Mar 5/12/19/26, Apr 2

SOLD OUT!



with
Professionally-Certified
Head Instructor
Scott Mifsud
Former AHL, University & International player
Attended Toronto Maple Leafs & Boston Bruins camps

LOCATION:



PRICING

Per Player +HST

Sessions 1/2: **\$283**

Session 3: **\$255**

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)

CROSS BORDER DEFENSEMAN SCHOOL - FALL/WINTER 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

Email: _____

How did you hear about this program?: _____

What is the name & level of your current team?: _____

Level of Ice Hockey this year:

- | | | |
|----------------------------------|--|---|
| <input type="checkbox"/> Rep A | <input type="checkbox"/> House League Advanced | <input type="checkbox"/> Girls House League |
| <input type="checkbox"/> Rep AA | <input type="checkbox"/> Select | <input type="checkbox"/> Girls Rep |
| <input type="checkbox"/> Rep AAA | | <input type="checkbox"/> Other _____ |

Which Session(s) are you registering for?:

Session 1 Sept 12/19/26, Oct 3/10/17/24/31, Nov 7/14 10 weeks

Session 2 Nov 21/28, Dec 5/12/19, Jan 2/9/16/23/30 10 weeks

SOLD OUT! Session 3 Feb 6/13/20/27, Mar 5/12/19/26, Apr 2 9 weeks

Session Prices: Sessions 1 or 2: \$283.00 +HST = **\$319.79** Session 3: \$255.00 +HST = **\$288.15**

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: _____



We develop and prepare athletes for scholarships, not just promote them. Our High School Development Program can be *free!* Visit www.ssbam.ca for more information.