

# MARCH BREAK CAMP 2020



This 5-day March Break Camp caters to Rep and House League players, 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 NHL-sized ice surfaces.

**FOR AGES 7-13**

**March 16-20, 2020**

*Monday to Friday*

**3:30 - 4:30pm daily**

**For Rep & House League players**

**With professional instruction from Wave Hockey certified instructors**

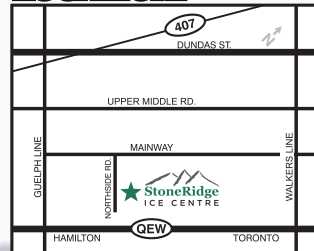
- ★ Gap control
- ★ D-Zone coverage
- ★ Front-of-net control
- ★ Efficient stick use
- ★ NHL-calibre drills
- ★ First passes
- ★ Containing
- ★ Point shooting
- ★ Backwards skating techniques

**NHL-SIZED ICE SURFACES!**

PREPARE FOR ACTUAL GAME SITUATIONS - DON'T SETTLE FOR LESS!



**LOCATION:**

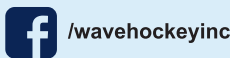


1179 NORTHSIDE RD, BURLINGTON, ON L7M 1H5

**PRICING**

**\$200**

All-in Per Player



Registration available online at

**WWW.WAVEHOCKEY.CA**

or at StoneRidge Ice Centre.

Contact us @ 905-336-3434 ext. 10  
or alicia@raiderssports.ca

# 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)

### D CLINICS - MARCH BREAK 2020

Participant's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

Participant's Date of Birth (yyyy/mm/dd): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex:  Male  Female

Medical Conditions / Allergies / Questions: \_\_\_\_\_

E-mail: \_\_\_\_\_

What is the name of your current team?: \_\_\_\_\_

How did you hear about this camp?: \_\_\_\_\_

#### Level of Ice Hockey this year:

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

All-in Price: \$200.00 March 16-20, 2020 3:30 - 4:30pm, daily

**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: \_\_\_\_\_