

ESD

ELITE SKILLS DEVELOPMENT

FALL/WINTER/SPRING 2019-20

TUESDAY AFTERNOONS 4PM

Session 1 Dec 3/10/17, Jan 7/14/21/28 7 dates
NO CLASSES ON DEC 24, DEC 31

Session 2 Feb 4/11/18/25, Mar 3/10/17 7 dates

Session 3 Mar 24/31, Apr 7/14/21/28 6 dates

- ★ Professional Coaches
- ★ Intense training
- ★ SAQ Training - Speed/Agility/Quickness

SPEED, AGILITY and QUICKNESS all coincide with each other. You need all three of these skills in the fast-paced game of hockey. We want to make sure YOU can keep up!

- ★ Leg strength
- ★ Driving the net
- ★ Explosiveness
- ★ Agility & foot speed
- ★ Forward & Defense drills

- 1) Increasing leg strength will allow for deeper knee bends which will make for longer and more efficient strides. And will also improve your balance and stability!
- 2) Working on explosiveness will advance your quick bursts or speed, and allow you to win more of those dashes for loose pucks in a game situation!
- 3) Bettering your agility and foot speed will allow you to take more strides in less time. Combining this with leg strength will allow you to take more, long strides!

REP PLAYERS ONLY

FOR AGES 14-18

LOCATION:

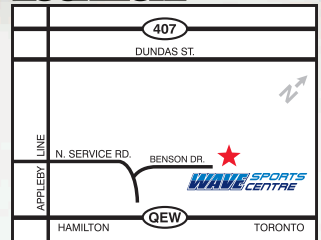


PHOTO COURTESY OF DAVE FRYER / OJHLI

PRICING

Per Player, All-in

Sessions 1 or 2: **\$197^{.75}**

Session 3: **\$169^{.50}**



Registration available online at

WWW.WAVEHOCKEY.CA

or at StoneRidge Ice Centre.

Contact us @ 905-336-3434 ext. 13
or kmacdonald@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)

ESD - ELITE SKILLS DEVELOPMENT - FALL/WINTER/SPRING 2019-20

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:

- Rep A
 Rep AA Girls Rep
 Rep AAA Other _____

- ★ Which Session(s) are you registering for?:
- Session 1: Dec 3/10/17, Jan 7/14/21/28 7 classes
(No classes on Dec 24 and 31)
- Session 2: Feb 4/11/18/25, Mar 3/10/17 7 classes
- Session 3: Mar 24/31, Apr 7/14/21/28 6 classes

Pricing: Session 1: **\$197.75 All-in**
Session 2: **\$197.75 All-in**
Session 3: **\$169.50 All-in**

Sign up any time throughout a Session and your fee will be prorated.

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: _____