

**10<sup>th</sup> SEASON**  
**FALL / WINTER 2017-18**



## DETAILS

- ★ OUR 10TH EXCITING SEASON 2017-18 (Mid-October through mid April '18)
- ★ 15 hours of on-ice practices and team training
- ★ 12 game guarantee to be played in any combination of tournament(s) and exhibition game(s)
- ★ **Tournament options include** (each with 4-game guarantee):
  - ▶ London Red Circle (December 8-10, 2017)
  - ▶ Barrie Slingshots (January 5-7, 2018)
  - ▶ Burlington Griffins Cup (February 2-4, 2018)
- ★ Tournament/game schedules to be finalized by Coaches and Program Directors
- ★ *Coaches will be selected by committee, and Players to be selected by Coaches*  
- Player tryout fee is \$35 All-in

## TEAMS

- ★ NOVICE
- ★ PEEWEE
- ★ MIDGET
- ★ ATOM
- ★ BANTAM

OFFICIAL TRAINER  
**WAVE HOCKEY**

The **Wave Hockey Griffins** is a Select program designed to allow the more skilled house league players an opportunity to play a more competitive brand of hockey, while remaining in house league. This program provides these players with an excellent opportunity to further develop as a player and enjoy the prospect of playing against a higher-level opposition. Our goal is to challenge these players to develop and perform up to their fullest potential, while maintaining a fun and structured environment.

## PRICING

**\$650**.44  
+tax  
Per Player

 /wavehockeyinc

 @wavehockey



 OFFICIAL HOCKEY PARTNER  
AL'S **Source** for sports  
We know our stuff!



Registration available online at  
**WWW.GRIFFINSHOCKEY.CA**

or at Wave Twin Rinks.  
Contact us @ 905-336-3434 x13  
or [diane@wavehockey.net](mailto:diane@wavehockey.net)

# 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)

### GRIFFINS SELECT HOCKEY - FALL/WINTER 2017-18

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

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

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

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

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

Email: \_\_\_\_\_

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

Height: \_\_\_\_\_ feet, \_\_\_\_\_ inches Weight: \_\_\_\_\_ lbs

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

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

#### Current level of Ice Hockey:

- House League Beginner
- House League Intermediate
- House League Advanced
- Other \_\_\_\_\_

Position played:  Forward  Defense  Goalie

## Tryouts coming this Fall (October 2017)

Pricing: Try-out Fee **\$35.00 All-in**

*If issued a Letter of Acceptance from Griffins Hockey, your program fees are summarized below, and will be processed for you.*

Program Fee **\$735.00 All-in**

Payment Options:  Cash  Cheque (Payable to Conacher Athletics Club)  Visa  MasterCard

Credit Card #: \_\_\_\_\_ Expiry: \_\_\_\_\_ / \_\_\_\_\_

REGISTRATION CANCELLATIONS ARE SUBJECT TO A \$100 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: \_\_\_\_\_