

NEW TRAINING FEATURES!

HIGH PERFORMANCE

For Boys & Girls

Skate with Wave Hockey and High Performance Power Skating - Tested, trusted, and true results!

POWER SKATING

FALL/WINTER 2011-12

PHOTO COURTESY OF
penerins PHOTOGRAPHY



FEATURING THE USE OF

THE BRONKO BELRTI
Hockey's High Performance Weighted Training Belt
PATENT PENDING

PROGRAMS

AGE & LEVELS	DAYS	TIMES
★ 7-10 Rep	Thursdays	5:00pm
★ 9-10 Rep	Thursdays SOLD OUT!	6:00pm
★ 8-10 House League	Fridays	5:30pm
★ 11-14 House League	Fridays SOLD OUT!	6:30pm
★ 10-12 Rep	Fridays	7:30pm
★ 10-12 Rep	Saturdays	9:00am
★ 13-15 Rep	Saturdays	10:00am
★ 8-10 Rep	Sundays	8:30am
★ 11-13 Rep	Sundays	9:30am

PRICE IS BASED ON THE NUMBER OF WEEKS IN A SESSION.

THURSDAYS

	PRICE
Session 1 Sept 15/22/29, Oct 6/13/20/27, Nov 3/10	\$255 +HST
Session 2 Nov 17/24, Dec 1/15, Jan 5/12/19/26	\$228 +HST
Session 3 Feb 2/9/16/23, Mar 1/8/15/22/29	\$255 +HST

FRIDAYS

Session 1 Sept 9/16/23/30, Oct 7/14/21/28, Nov 4/11	\$283 +HST
Session 2 Nov 18/25, Dec 2/9/16, Jan 13/20/27	\$228 +HST
Session 3 Feb 10/17/24, Mar 2/9/16/23/30	\$228 +HST

SATURDAYS

Session 1 Sept 10/17/24, Oct 1/8/15/22/29, Nov 5/12	\$283 +HST
Session 2 Nov 19/26, Dec 3/10/17, Jan 14/21/28	\$228 +HST
Session 3 Feb 11/18/25, Mar 3/10/17/24/31	\$228 +HST

SUNDAYS

Session 1 Sept 11/18/25, Oct 2/9/16/23/30, Nov 6/13	\$283 +HST
Session 2 Nov 20/27, Dec 4/11/18, Jan 8/15/22/29	\$255 +HST
Session 3 Feb 12/19/26, Mar 4/11/18/25, Apr 1	\$228 +HST



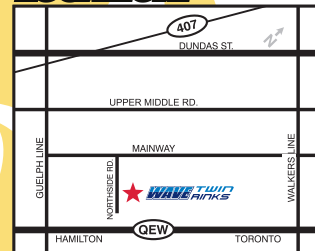
Head Instructor: Jarret Reid

Memorial Cup Champion and Professionally-Certified instructor

High Performance is a highly technical power skating program that emphasizes:

- ★ First-step quickness
- ★ Reaction skills
- ★ Lateral movement
- ★ Plyometrics
- ★ Power and acceleration
- ★ An excellent student-to-instructor ratio
- ★ All players will be assessed in the first few weeks
- ★ Explosiveness
- ★ Puckwork implemented throughout the program

LOCATION:



1179 NORTHSIDE RD, BURLINGTON, ON L7M 1H5

OFFICIAL HOCKEY PARTNER



Registration available online at

WWW.WAVEHOCKEY.CA

or at Wave Twin Rinks.

Contact us @ 905-336-3434 ext. 10
or gmast@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)

HIGH PERFORMANCE POWER SKATING - 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

E-mail: _____

How did you hear about this program?: _____

Level of Ice Hockey last year:

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

★ Which Age and Program(s) are you registering for?:

- | | |
|--|---|
| <input type="checkbox"/> Ages 7-10 Rep, Thursdays at 5:00pm | <input type="checkbox"/> Ages 10-12 Rep, Saturdays at 9:00am |
| SOLD OUT! <input type="checkbox"/> Ages 9-10 Rep, Thursdays at 6:00pm | <input type="checkbox"/> Ages 13-15 Rep, Saturdays at 10:00am |
| <input type="checkbox"/> Ages 8-10 HL, Fridays at 5:30pm | <input type="checkbox"/> Ages 8-10 Rep, Sundays at 8:30am |
| SOLD OUT! <input type="checkbox"/> Ages 11-14 HL, Fridays at 6:30pm | <input type="checkbox"/> Ages 11-13 Rep, Sundays at 9:30am |
| <input type="checkbox"/> Ages 10-12 Rep, Fridays at 7:30pm | |

★ Which Session(s) are you registering for?:

- | <u>THURSDAYS</u> | <u>FRIDAYS</u> | <u>SATURDAYS</u> | <u>SUNDAYS</u> |
|---|--|--|--|
| <input type="checkbox"/> Session 1: 9 weeks
\$255 +HST = \$288.15 | <input type="checkbox"/> Session 1: 10 weeks
\$283 +HST = \$319.79 | <input type="checkbox"/> Session 1: 10 weeks
\$283 +HST = \$319.79 | <input type="checkbox"/> Session 1: 10 weeks
\$283 +HST = \$319.79 |
| <input type="checkbox"/> Session 2: 8 weeks
\$228 +HST = \$257.64 | <input type="checkbox"/> Session 2: 8 weeks
\$228 +HST = \$257.64 | <input type="checkbox"/> Session 2: 8 weeks
\$228 +HST = \$257.64 | <input type="checkbox"/> Session 2: 9 weeks
\$255 +HST = \$288.15 |
| <input type="checkbox"/> Session 3: 9 weeks
\$255 +HST = \$288.15 | <input type="checkbox"/> Session 3: 8 weeks
\$228 +HST = \$257.64 | <input type="checkbox"/> Session 3: 8 weeks
\$228 +HST = \$257.64 | <input type="checkbox"/> Session 3: 8 weeks
\$228 +HST = \$257.64 |

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: _____