

REP/SELECT PLAYERS ONLY

SKATE WITH WAVE HOCKEY AND HIGH PERFORMANCE POWER SKATING – TESTED, TRUSTED, AND TRUE RESULTS!



DETAILS

August 28 - Sept 1

★ 50 minutes of on-ice instruction, daily

BIRTH YEARS	ON-ICE TRAINING
2007/08/09/10	5pm
2003/04/05/06	6pm

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

- ★ First-step quickness
- ★ Reaction skills
- ★ Puck control
- ★ Explosiveness
- ★ Power and acceleration
- ★ An excellent student-to-instructor ratio
- ★ Puckwork implemented throughout the program

LOCATION:



Head Instructor: Jarret Reid
Memorial Cup Champion and Professionally-Certified instructor

PRICING

\$160.18 +tax Per Player



Registration available online at WWW.WAVEHOCKEY.CA

or at Wave Twin Rinks.

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

HIGH PERFORMANCE POWER SKATING CONDITIONING CAMPS - SUMMER 2017

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 camp?: _____

Level of Ice Hockey this year:

- Rep A Girls Rep
 Rep AA Select
 Rep AAA Other _____

★ Which age group are you registering for?:

August 28 - September 1 (5 days, Mon - Fri)

	BIRTH YEARS	ON-ICE TRAINING
<input type="checkbox"/>	2007/08/09/10	5pm
<input type="checkbox"/>	2003/04/05/06	6pm

Pricing: **\$181.00 All-in**

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