



**FOR BOYS
& GIRLS**

WITH STICKHANDLING

FALL/WINTER 2018-19



SANCTIONED BY:



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

PROGRAMS

AGE & LEVELS	DAYS	TIMES
★ 8-12 House League	Fridays	5:30pm
★ 8-12 Rep	Fridays	6:30pm
★ 10-13 Rep	Sundays	9:30am

If your desired program is sold out, please submit your registration to us, and we'll work together to place your skater.

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

FRIDAY EVENINGS

- Session 1** Sept 7/14/21/28, Oct 5/12/19/26, Nov 2/9 **\$349.00 +tax**
- Session 2** Nov 16/23/30, Dec 7/14/21, Jan 4/18/25 **\$315.00 +tax**
- Session 3** Feb 1/8/15/22, Mar 1/8/15/22/29 **\$315.00 +tax**

NO CLASSES ON DEC 28 and JAN 11

SUNDAY MORNINGS

- Session 1** Sept 9/16/23/30, Oct 7/14/21/28, Nov 4 **\$315.00 +tax**
- Session 2** Nov 11/25, Dec 2/9/16/23/30, Jan 6/20/27 **\$349.00 +tax**
- Session 3** Feb 3/10/17/24, Mar 3/10/17/24/31 **\$315.00 +tax**

NO CLASSES ON NOV 18 and JAN 13



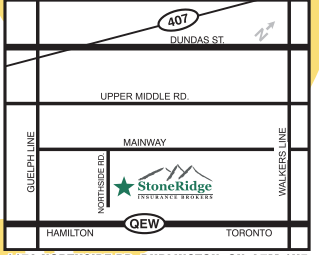
Head Instructor: Jarret Reid

Memorial Cup Champion and Professionally-Certified instructor

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

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

LOCATION:



1179 NORTHSIDE RD, BURLINGTON, ON L7M 1H5



Registration available online at

WWW.WAVEHOCKEY.CA

or at StoneRidge Ice Centre.

**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 StoneRidge Ice Centre (1179 Northside Rd, Burlington, ON L7M 1H5)

HIGH PERFORMANCE POWER SKATING - FALL/WINTER 2018-19

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 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?:

- Ages 8-12 HL, Fridays at 5:30pm
- Ages 8-12 Rep, Fridays at 6:30pm
- Ages 10-13 Rep, Sundays at 9:30am

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

*PRICE IS BASED ON THE NUMBER OF WEEKS IN A SESSION.
ALL-IN PRICES, INCLUDING TAX.*

FRIDAYS

- Session 1:
10 weeks, \$394.37
- Session 2:
9 weeks, \$355.95
- Session 3:
9 weeks, \$355.95

SUNDAYS

- Session 1:
9 weeks, \$355.95
- Session 2:
10 weeks, \$394.37
- Session 3:
9 weeks, \$355.95

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: _____