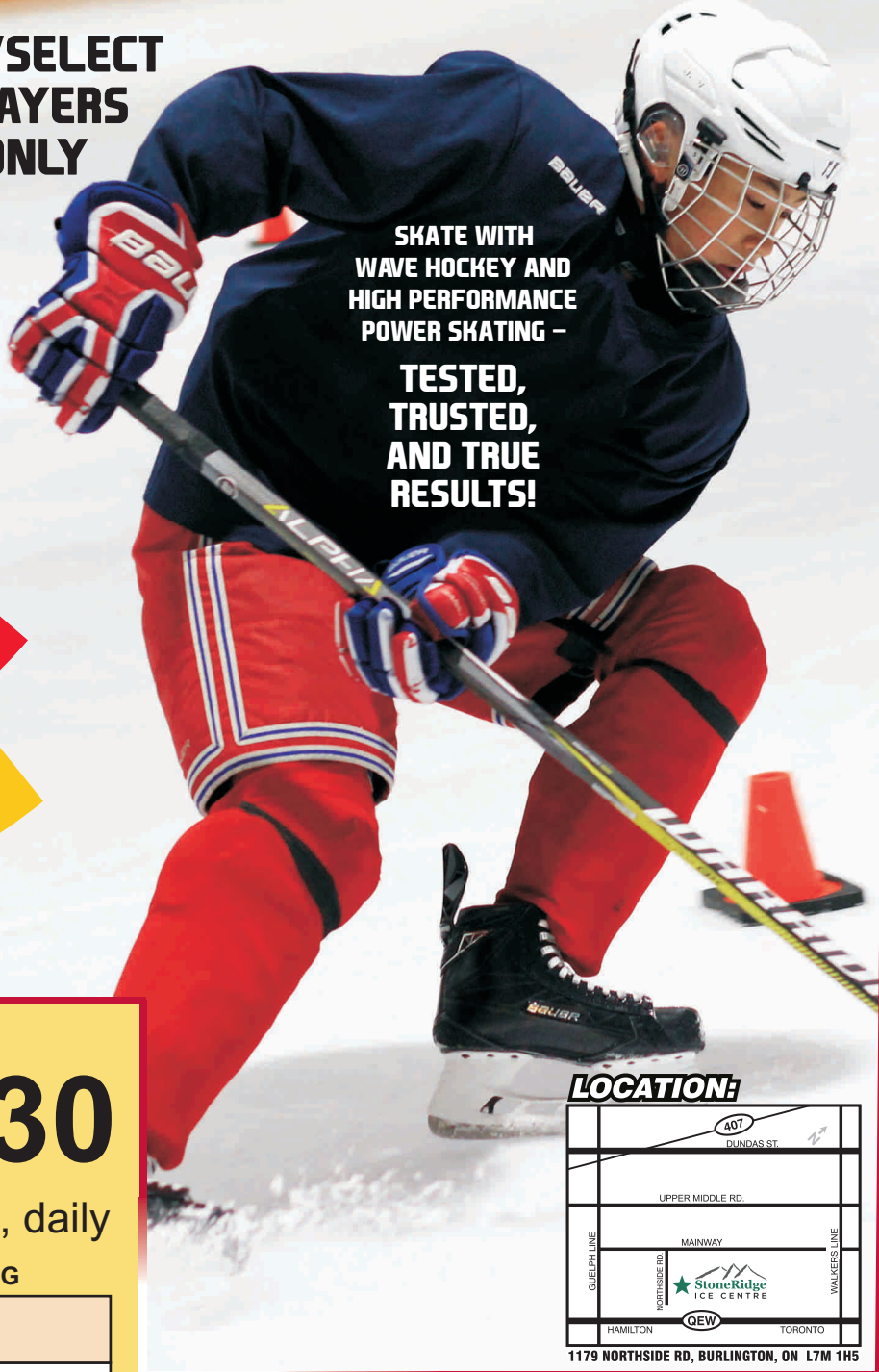




**REP/SELECT  
PLAYERS  
ONLY**

**SKATE WITH  
WAVE HOCKEY AND  
HIGH PERFORMANCE  
POWER SKATING –**

**TESTED,  
TRUSTED,  
AND TRUE  
RESULTS!**



**DETAILS**

**August 26-30**

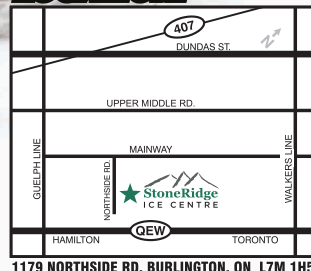
★ 50 minutes of on-ice instruction, daily

BIRTH YEARS	ON-ICE TRAINING
2009/10/11/12	5:30pm
2005/06/07/08	6:30pm

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:**



1179 NORTHSIDE RD, BURLINGTON, ON L7M 1H5



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

**PRICING**

**\$175** +tax  
Per Player



Registration available online at  
**WWW.WAVEHOCKEY.CA**  
or at StoneRidge Ice Centre

Contact us @ 905-336-3434 ext. 13  
or [kmacdonald@stoneridgeses.com](mailto: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)

### HIGH PERFORMANCE POWER SKATING CONDITIONING CAMPS - SUMMER 2019

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 26 - 30 (5 days, Mon - Fri)

	BIRTH YEARS	ON-ICE TRAINING TIMES
<input type="checkbox"/>	2009/10/11/12	5:30pm
<input type="checkbox"/>	2005/06/07/08	6:30pm

Pricing: \$197.75 All-in

**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: \_\_\_\_\_