

COUGARS

2019 SPRING HOCKEY EVALUATION SKATES

2012 MINOR NOVICE	
DATE	TIME
Wed, Mar. 27	5:00pm
Fri, Mar. 29	6:00pm
Tues, Apr. 2	5:00pm
Thurs, Apr. 4	6:00pm
Wed, Apr. 10	5:00pm

2011 NOVICE	
DATE	TIME
Wed, Mar. 27	6:00pm
Fri, Mar. 29	5:00pm
Tues, Apr. 2	6:00pm
Thurs, Apr. 4	5:00pm
Wed, Apr. 10	6:00pm

2010 MINOR ATOM	
DATE	TIME
Thurs, Mar. 28	5:00pm
Mon, Apr. 1	6:00pm
Wed, Apr. 3	5:00pm
Fri, Apr. 5	6:00pm
Thurs, Apr. 11	5:00pm

2009 ATOM	
DATE	TIME
Tues, Mar. 26	5:00pm
Thurs, Mar. 28	6:00pm
Tues, Apr. 2	7:00pm
Fri, Apr. 5	5:00pm
Tues, Apr. 9	5:00pm

2008 MINOR PEEWEE	
DATE	TIME
Mon, Mar. 25	6:00pm
Thurs, Mar. 28	7:00pm
Wed, Apr. 3	6:00pm
Mon, Apr. 8	5:00pm
Thurs, Apr. 11	6:00pm

2007 PEEWEE	
DATE	TIME
Mon, Mar. 25	5:00pm
Thurs, Mar. 28	8:00pm
Wed, Apr. 3	7:00pm
Mon, Apr. 8	6:00pm
Thurs, Apr. 11	7:00pm

2006 MINOR BANTAM	
DATE	TIME
Mon, Mar. 25	7:00pm
Mon, Apr. 1	5:00pm
Thurs, Apr. 4	7:00pm
Mon, Apr. 8	8:00pm
Thurs, Apr. 11	8:00pm

2005 BANTAM	
DATE	TIME
Tues, Mar. 26	6:00pm
Mon, Apr. 1	7:00pm
Thurs, Apr. 4	8:00pm
Mon, Apr. 8	7:00pm
Wed, Apr. 10	7:00pm

2004 MINOR MIDGET	
DATE	TIME
Wed, Mar. 27	7:00pm
Mon, Apr. 1	8:00pm
Wed, Apr. 3	8:00pm
Tues, Apr. 9	6:00pm
Fri, Apr. 12	6:00pm

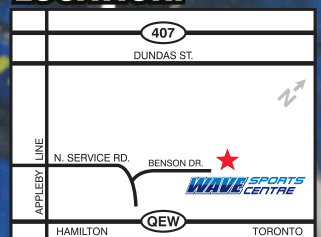
2003 MIDGET	
DATE	TIME
Mon, Mar. 25	8:00pm
Wed, Mar. 27	8:00pm
Tues, Apr. 2	8:00pm
Wed, Apr. 10	8:00pm
Fri, Apr. 12	7:00pm

All dates held at Wave Sports Centre.
\$99 All-in includes all 5 dates

Register in-person at StoneRidge Ice Centre for individual dates (\$25 each)
 1179 Northside Road, Burlington (formerly Wave Twin Rinks)

Spring/Summer Hockey
 is NOT sanctioned
 by the OHF nor
 Hockey Canada

LOCATION:



5065 BENSON DR., BURLINGTON, ON L7L 5H7

For more information, contact Dylan at 905-599-3630 or dylan@jrcougarshockey.ca



JRCOUGARSHOCKEY.CA



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)

2019 COUGARS SPRING HOCKEY EVALUATION SKATES

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 Shoots: Left Right

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

How did you hear about this program?: _____

Current level of Ice Hockey: Rep AAA Rep AA Rep A Girls Rep Other _____

Position played: Forward Defense Goalie

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Pricing: **\$99.00** All-in includes all 5 dates *All dates held at Wave Sports Centre.*
Or **\$25.00** All-in per individually-chosen date

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: _____