

WAVE HOCKEY

Learn to Skate

SPRING/SUMMER 2020

Professionally Certified Coaches with their Trained Instructors, teach children skating skills using toys, music and games. Preschool children will be taught basic skills such as standing, balance, gliding, forwards and backwards and other required skills to progress through the Wave PreSchool Program. Report cards or certificate will be given out at the end of each Session. Neck guards & helmets with full cages are mandatory.

Note: To participate in our Pre-Power Skating program, skaters must have already passed the Wave Level 3 of our Learn to Skate program or an equivalent. Coaches can assess skaters on first day or before if they are already in another program. Skaters may be moved at coaches' discretion.

SESSIONS

30-minute classes.

Choose either of these Sessions:

WEDNESDAY EVENINGS (7 CLASSES)

July 22/29, August 5/12/19/26, Sept 2

OR

SATURDAY MORNINGS (11 CLASSES)

June 6/13/20/27, July 4/11/18/25,

Aug 8/15/22 (no classes Aug 1)

After choosing your Session(s), please select one of the following Timeslots:

WEDNESDAYS: Timeslot 1) 4:50 - 5:20pm

Timeslot 2) 5:20 - 5:50pm

Timeslot 3)* 5:50 - 6:20pm

Timeslot 4)* 6:20 - 6:50pm

*Pre-Power Skating (ages 5-10) or Learn to Skate

SATURDAYS: Timeslot 1)* 9:15 - 9:45am

Timeslot 2)* 9:45 - 10:15am

Timeslot 3)* 10:15 - 10:45am

Timeslot 4)* 10:45 - 11:15am

*Pre-Power Skating (ages 5-10) or Learn to Skate

SIGN UP ANY TIME THROUGHOUT A SESSION & YOUR FEE WILL BE PRORATED

PLAYERS GRADUATE FROM THIS PROGRAM INTO OUR WAVE POWER SKATING PROGRAMS!

PRICING

Per Timeslot, All-in

Wednesday: **\$205**

Saturday: **\$299**



@wavehockeyinc

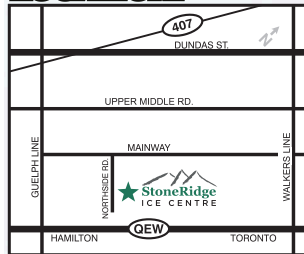
**FOR AGES
3-10**

EARN
YOUR
BADGES!



**For Boys
& Girls**

LOCATION:



1179 NORTHSIDE RD, BURLINGTON, ON L7M 1H5

Ask about our
multi-child
DISCOUNTS

Registration available online at

WWW.WAVEHOCKEY.CA

or at StoneRidge Ice Centre

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

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)

LEARN TO SKATE - SPRING/SUMMER 2020

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

Email: _____

How did you hear about this program?: _____

Has your son/daughter ever skated before?: _____

Have you participated in this program before? If so, what level was completed?: _____

★ What SESSION(s) are you registering for?: *Neck guards and helmets with full cages are mandatory.*

WEDNESDAY EVENINGS

- 7 classes:
July 22/29,
August 5/12/19/26,
September 2

SATURDAY MORNINGS

- 12 classes:
June 6/13/20/27,
July 4/11/18/25,
Aug 8/15/22 (no classes Aug 1)

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

WEDNESDAY EVENINGS

- 1) 4:50 - 5:20pm
 2) 5:20 - 5:50pm
 *3) 5:50 - 6:20pm
 *4) 6:20 - 6:50pm

SATURDAY MORNINGS

- *1) 9:15 - 9:45am
 *2) 9:45 - 10:15am
 *3) 10:15 - 10:45am
 *4) 10:45 - 11:15am

*** = PRE-POWER SKATING PROGRAM AVAILABLE**

Are you signing up for Pre-Power Skating (Ages 5-10)?

- Yes No, just standard
Learn to Skate

Pricing per Timeslot: Wednesday Session (7 classes) **\$205.00 All-in**
Saturday Session (11 classes) **\$299.00 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: _____