

MARCH BREAK

Hockey CAMPS

OPEN TO PLAYERS OF ALL LEVELS, BOYS & GIRLS

March 16-20, 2020

TIME: 9am - 4pm daily
(8am drop off, Pick up at 4 to 5pm)

***BONUS** - No extra cost for drop off and pick up times

PLAYERS WILL BE GROUPED BASED ON AGE & SKILL

Choose from 2 options:

1) FULL DAY HOCKEY CAMP

★ 2 on-ice sessions including:
Skills & Drills, and Power Skating

★ 1 session of Dry-land training,
with **TWIST**
PERFORMANCE
+ WELLNESS

OR A FULL DAY CAMP INCLUDING:

2) HALF DAY HOCKEY CAMP, AND HALF DAY BURLOAK MULTI-SPORTS

★ 1 on-ice session including:
Skills & Drills, and Power Skating

★ 1 Multi-Sport session of sports &
activities at Burloak Sports Centre

**MultiSport
CAMPS**

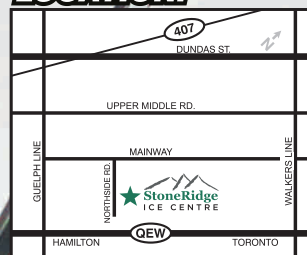
Bring running shoes, water bottle and t-shirt. Transportation will be provided to Burloak Sports Centre

★ Lunch Plan
\$57.50 (All-in) for 5 days

**FOR
BOYS & GIRLS
5-12**



LOCATION:



1179 NORTHSIDE RD, BURLINGTON, ON L7M 1H5

PRICING

\$367.25
All-in
Per Player

FREE extended care with 8am drop off & 4-5pm pick up!

 /wavehockeyinc

 @wavehockey

OFFICIAL HOCKEY PARTNER
 **Source**
for sports
We know our stuff!



Registration available online at

WWW.WAVEHOCKEY.CA

or at StoneRidge Ice Centre.

Contact us @ 905-336-3434 ext. 10
or alicia@raiderssports.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)

MARCH BREAK HOCKEY CAMPS 2020

Which camp option are you registering for?: 1) Full Day Hockey Camp 2) Half Day Hockey Camp and Half Day Burloak Multi-Sports

Participant's Name: _____

Parent/Guardian Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Emergency Contact Number: _____

Participant's Date of Birth (yyyy/mm/dd): _____ / _____ / _____ Sex: Male Female

Medical Conditions / Allergies / Questions?: _____

E-mail: _____

What is the name of your current team?: _____

How did you hear about this camp?: _____

Level of Ice Hockey this year:

- | | | |
|--|----------------------------------|---|
| <input type="checkbox"/> Do not play | <input type="checkbox"/> Rep A | <input type="checkbox"/> Girls House League |
| <input type="checkbox"/> House League Beginner | <input type="checkbox"/> Rep AA | <input type="checkbox"/> Girls Rep |
| <input type="checkbox"/> House League Intermediate | <input type="checkbox"/> Rep AAA | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> House League Advanced | <input type="checkbox"/> Select | |

All-in Pricing: 5 Days: **\$367.25** 2 Days: **\$169.50**
4 Days: **\$316.40** 1 Day: **\$90.00**
3 Days: **\$237.30**

Select the days you'll be attending: Monday March 16 Tuesday March 17 Wednesday March 18 Thursday March 19 Friday March 20

★ Would you like to sign up for the Lunch Plan?: Yes (Add \$11.50 per day - All-in price) No

NOTES FOR PARENTS:

Please supply your child with shorts, running shoes & a water bottle. Please send two snacks and drinks with your child (morning & afternoon). Please note that all schedules are subject to change (Thank you).

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: _____