

**NO EXCUSES GOALTENDING
— FEMALE —
HIGH PERFORMANCE CAMP**



July 19-21, 2019
Friday through Sunday

10 HOURS OF ICE TIME:

Friday 9 - 11am and 1 - 3pm
Saturday 12 - 2pm and 4 - 6pm
Sunday 8 - 10am



Noora Rätty

CLASSROOM TOPICS INCLUDE:

- Video Analysis
- Nutrition
- Playing in the NCAA and National Team Programs

SUITABLE FOR:

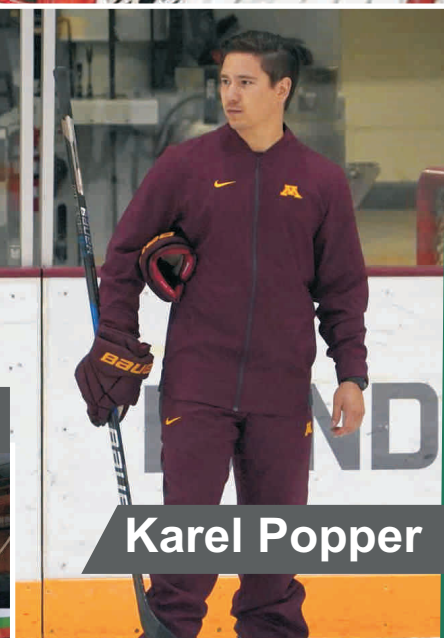
- Peewee, Bantam, Midget A and AA goalies (or those working towards those levels)
- Coach to Goalie Ratio is 3:1

COACHING STAFF:

- ★ **Noora Rätty**
- 2-time NCAA Div. 1 Champion
- Team Finland, Olympic Medalist
- ★ **Karel Popper**
- Goalie Coach, University of Minnesota Women's
- ★ **Rod Wisco**
- Goalie Coach, Bulgaria Women's National Team
- ★ 3 additional coaches with NCAA, CIS, Pro Women's, USA and Canada National team playing experience (TBA)

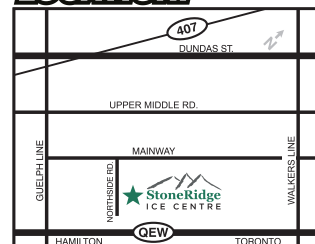


Rod Wisco



Karel Popper

LOCATION:



1179 NORTHSIDE RD, BURLINGTON, ON L7M 1H5

@noexcuses hockey

TUITION

\$850 +tax
Per Goalie

LIMITED SPOTS - 50% SOLD OUT!

/wavehockeyinc

@wavehockey



Registration available online at
WWW.WAVEHOCKEY.CA

or at StoneRidge Ice Centre

Contact Rod Wisco @ 416-454-5373
or rwisco@stoneridgese.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)

NO EXCUSES GOALTENDING FEMALE HIGH PERFORMANCE CAMP - JULY 2019

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): _____ / _____ / _____

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"/> Other _____ |
| <input type="checkbox"/> House League Beginner | <input type="checkbox"/> Rep AA | |
| <input type="checkbox"/> House League Intermediate | <input type="checkbox"/> Rep AAA | |
| <input type="checkbox"/> House League Advanced | <input type="checkbox"/> Select | |

Tuition: \$960.50 All-in

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: _____