

NO EXCUSES GOALTENDING GOALIE CAMPS

SUMMER 2019



FULL-DAY CAMPS

WEEK 1: July 22 - 26

WEEK 2: July 29 - Aug 2

WEEK 3: August 5 - 9

WEEK 4: August 12 - 16

WEEK 5: August 19 - 23

WEEK 6: August 26 - 30

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

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

DEVELOPMENT SERIES DETAILS:

- Goalie:Instructor Ratio 3:1
- Suitable for minor hockey goalies, ages 6-14

ADVANCED SERIES DETAILS:

- Goalie:Instructor Ratio 2:1
- Contact Rod for suitability

- ★ All instructors are current or former No Excuses goalies

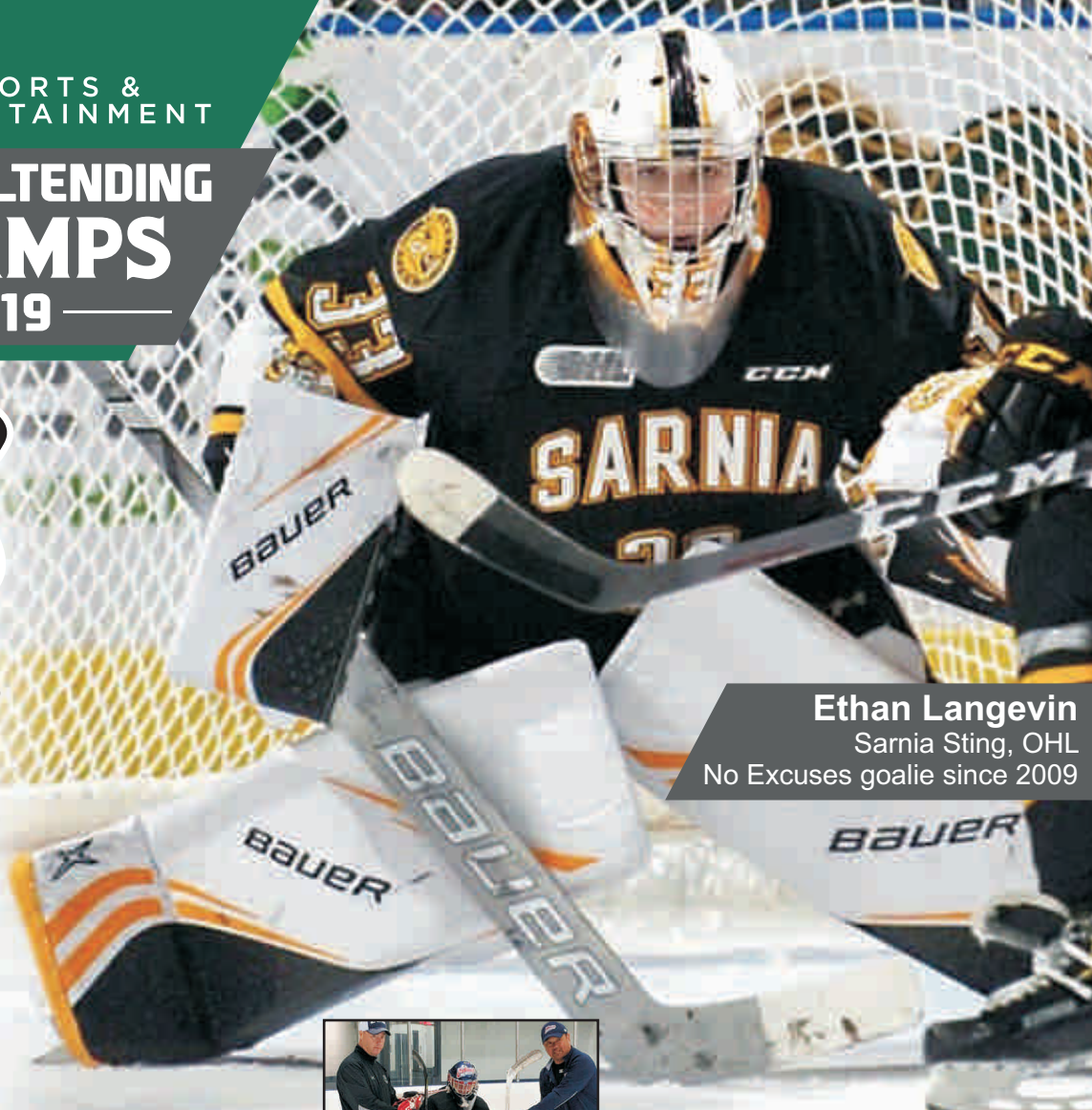
15 hours of ice time per week

- ★ Daily Video Analysis
- ★ Daily Off-ice Training by certified instructors
- ★ Lunch plan available. Healthy snacks and drinks provided.

TUITION Per week +tax

Development Series: **\$550**

Advanced Series: **\$750**

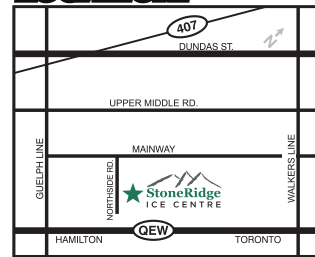


Ethan Langevin
Sarnia Sting, OHL
No Excuses goalie since 2009



@noexcuseshockey

LOCATION:



1179 NORTHSIDE RD, BURLINGTON, ON L7M 1H5

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)

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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 | |

Pricing: Development Series: **\$621.50 All-in**
Advanced Series: **\$847.50 All-in (Contact Rod for suitability)**

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: _____