

2017-18

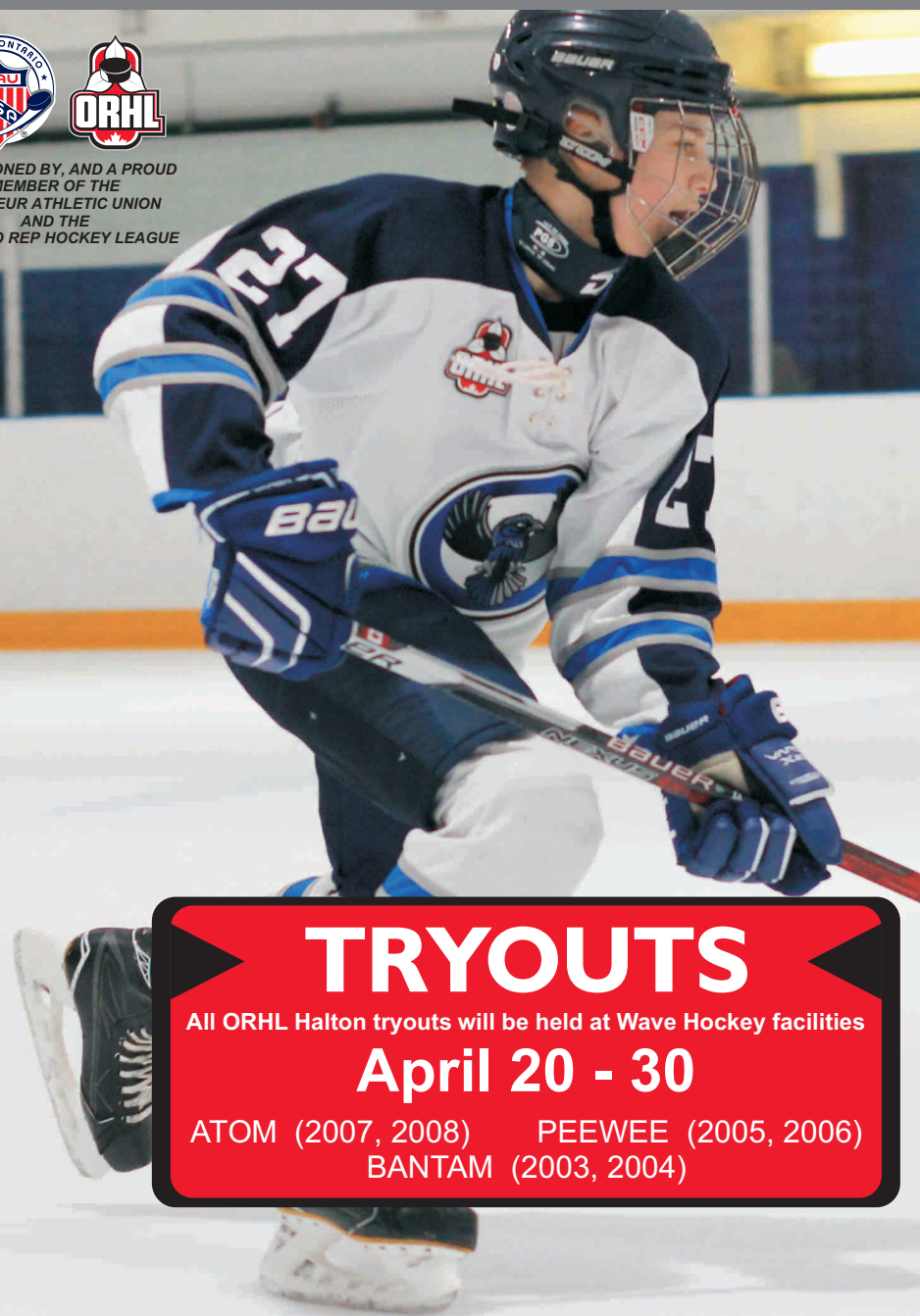
NO BOUNDARIES = NO PLAYER RELEASE REQUIRED

Players are welcome to tryout from Burlington, Oakville, Hamilton, Halton & surrounding communities

- BURLINGTON
- WATERDOWN
- OAKVILLE
- FLAMBOROUGH
- STONEY CREEK
- MILTON



SANCTIONED BY, AND A PROUD MEMBER OF THE AMATEUR ATHLETIC UNION AND THE ONTARIO REP HOCKEY LEAGUE



TIER 2 HOCKEY

LEAGUE BENEFITS

- Set schedules given at beginning of year for planning your kids' other activities
- This school-friendly league (no out-of-town weeknight games) is a no body checking Rep Hockey League for Atom, Peewee, and Bantam age players.
- 40-game season
 - 8 event weekends with 4 games guaranteed = 32 games
 - 4 home games, 4 away games
- 80 hours of on-ice Team Practices and Training including:
 - 12 High Performance Power Skating sessions
 - 12 Power Edge Pro sessions (includes goalie training)
 - 8 mini-pad sessions (focused on shooting/goalie training)
 - 8 skating treadmill sessions with The Skating Lab
 - 8 dryland conditioning sessions with Twist Sport Conditioning

CONSISTENT TRAINING ALL SEASON LONG!
- NEW - Goalie Training - 10 x 1/2hr Sessions per goalie
- Includes all ORHL & AAU fees (\$150 value)
- Tryouts / Player Selections are scouted, administered, and managed by ORHL Coaches and Professional Staff
- Sanctioned and Insured
- Unlimited Team Fundraising Opportunities

TRYOUTS
 All ORHL Halton tryouts will be held at Wave Hockey facilities
April 20 - 30
 ATOM (2007, 2008) PEEWEE (2005, 2006)
 BANTAM (2003, 2004)



PRICING

\$2296.46
 +tax
 Per Player

For more info or to register for Tryouts, please contact us at:
 905-336-3434 x13 or kmacdonald@wavehockey.net

ORHLHALTON.CA



REGISTRATION FORM (Please print)

Once completed, please fax to 905-336-9311 or drop off at Wave Twin Rinks (1179 Northside Rd, Burlington, ON L7M 1H5)

ORHL HALTON FALL/WINTER 2017-18

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

What was the name of your team last season?: _____

How did you hear about this program?: _____

Current level of Ice Hockey:

- House League Advanced
- Select / AE
- Other _____
- Rep A
- Rep AA
- Rep AAA

Position played: Forward Defense Goalie

Pricing: Try-out Fee Early Bird Pricing (if registered by March 31) **\$115 All-in**

If registered after April 1, **\$150 All-in**

If issued a Letter of Acceptance from the ORHL, your program fees are summarized below, and will be processed for you.

Program	\$2595 All-in
Atom,	\$595 due upon registration
PeeWee,	\$500 due May 30, 2017
Bantam,	\$500 due June 30, 2017
Midget	\$500 due July 30, 2017
	\$500 due August 30, 2017

Payment Options: Cash Cheque (Payable to Conacher Athletics Club) Visa MasterCard

Credit Card #: _____ Expiry: _____ / _____

REGISTRATION CANCELLATIONS ARE SUBJECT TO A \$500 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 ONTARIO REP HOCKEY LEAGUE. MISSED CLASSES WILL NOT BE REIMBURSED. IT IS UNDERSTOOD THAT THE UNDERSIGNED PERSON OF LEGAL AGE OR LEGAL GUARDIAN SHALL NOT HOLD THE LEAGUE 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 ONTARIO REP HOCKEY LEAGUE, 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 ONTARIO REP HOCKEY LEAGUE TO USE MY EMAIL ADDRESS FOR COMPANY-RELATED COMMUNICATIONS. I THE UNDERSIGNED AGREE TO ALLOW ONTARIO REP HOCKEY LEAGUE AND/OR ITS RELATED COMPANIES TO USE THE PARTICIPANTS' NAMES AND OR PICTURES FOR ADVERTISING PURPOSES.

Parent/Guardian Signature: _____ Date: _____