

2017-18

NO BOUNDARIES = NO PLAYER RELEASE REQUIRED

# CUSTOM NOVICE PROGRAM

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



## TIER 2 HOCKEY

This custom Novice ORHL program offers players the **BEST VALUE** of any Rep program in **Burlington**. This unique opportunity has been built to cater to the busy lives and schedules of our Novice-aged hockey families.

### LEAGUE BENEFITS

- Set Team Training schedules for Novice division teams
- This school-friendly league (no out-of-town weeknight games) is a no body checking **Rep Hockey League**
- 40-game season
  - 8 event weekends with 4 games guaranteed = 32 games minimum
  - 4 home games, 4 away games
- 76 hours of on/off-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
- **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

More than 50% of all Team Practices are professionally instructed by our Wave Hockey in-house partners

**NOVICE TRYOUTS**  
All ORHL Halton tryouts will be held at Wave Hockey facilities  
**NOVICE**  
(2009, 2010) **Apr 20 - 30**



### PRICING

**\$1898**.23  
+tax  
Per Player

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

Novice	<b>\$2145 All-in</b>
Program	\$645 due upon registration
	\$500 due June 30, 2017
	\$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: \_\_\_\_\_