

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
ONTARIO REP
HOCKEY LEAGUE
AND THE
AMATEUR ATHLETIC UNION



TIER 2 HOCKEY 2017-18 SEASON

TRYOUT FEATURES

- Each registered player is guaranteed 3 tryout skates. All players are competing for a spot on any of the 3 teams featured below
 - ★ **45 player positions**
 - ★ **6 goalie positions** available per division
- All players that earn a position will participate in 1 ORHL Team Development weekend, as part of your ORHL Halton tryout registration. During this weekend, the effort to balance teams will be the focus.
 - ★ **May 12-14, 2017 Burlington, ON**
- Tryouts / Player Selections are scouted, administered, and managed by ORHL Coaches and Professional Staff

TRYOUTS

All ORHL Halton tryouts will be held at Wave Hockey facilities

April 20 - 30

NOVICE (2009, 2010)	BANTAM (2003, 2004)
ATOM (2007, 2008)	MIDGET (2000 - 2002)
PEEWEE (2005, 2006)	



EARLY BIRD PRICING

\$115

All-in
If registered by March 31, 2017
After which pricing is \$150 All-in

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 TRYOUTS - FALL/WINTER 2017-18 SEASON

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 Rep A
- Select / AE Rep AA
- Other _____ Rep AAA

Position played: Forward Defense Goalie

Pricing: Try-out Fee Early Bird Pricing (if registered by March 31, 2017) **\$115** All-in
If registered after March 31, 2017, **\$150** All-in

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

Credit Card #: _____ Expiry: _____ / _____

REGISTRATION CANCELLATIONS ARE SUBJECT TO A \$50 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: _____