

# OVERSPEED

## HIGH TEMPO TRAINING

### WINTER CLINICS 2019

Feb 4, 28,  
Mar 4, 5,  
Apr 1

FOR  
AGES  
**9-14**

4:00pm (5 dates, 50-minute classes)

**ONLY 10 SPOTS AVAILABLE**

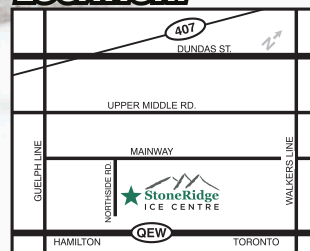
**For Tier 1 / Rep AAA and AA players**

*Players must be registered for all 5 dates*

With professional instruction from  
Wave Hockey certified instructors

- ★ Quick feet and lateral movement drills
- ★ Drills with and without pucks
- ★ Quick crossovers
- ★ Explosive first few strides
- ★ Skating and stickhandling at high speeds
- ★ Shooting speed and accuracy while skating
- ★ Cardiovascular fitness

#### LOCATION:



1179 NORTHSIDE RD, BURLINGTON, ON L7M 1H5

### PRICING

**\$165** +tax  
Per Player



Registration available online at

**WWW.WAVEHOCKEY.CA**

or at StoneRidge Ice Centre

Contact us @ 905-336-3434 ext. 10  
or TylerR@jrcougarshockey.ca

# WAVE HOCKEY

## 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)

### OVERSPEED - WINTER CLINICS 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): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex:  Male  Female

Medical Conditions / Allergies / Questions: \_\_\_\_\_

E-mail: \_\_\_\_\_

What is the name of your current team?: \_\_\_\_\_

How did you hear about this program?: \_\_\_\_\_

Level of Ice Hockey this year:

- Rep AAA  Rep AA  
 Jr. Cougars Tier 1  
 Girls Rep  Other \_\_\_\_\_

Pricing: (All 5 dates) \$165.00 +tax = **\$186.45** Feb 4, 28 / Mar 4, 5 / Apr 1 All at 4pm

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: \_\_\_\_\_