

PA DAY Hockey CAMPS

FOR REP & HOUSE LEAGUE PLAYERS

2011-12 School Year

HALTON CATHOLIC & DISTRICT SCHOOL BOARDS
2011-12 PA DAYS & HOLIDAYS

- *Sept 6 Feb 3 Apr 27
- *Catholic Board only
- Oct 7 Feb 20 May 21
- Nov 18 Apr 6 June 8

PHOTO COURTESY OF
pennerins PHOTOGRAPHY

CAMP SCHEDULE

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

Players will be grouped based on age & skill

- ★ 1.5 hrs Dry-land training and outdoor sports & activities



- ★ 1.5 hrs Power Skating with



- ★ 1.5 hrs Shooting instruction with **PROshooters**
Put the puck in the net!

- ★ 1 hour Lunch
(Pizza and Juicebox provided!)

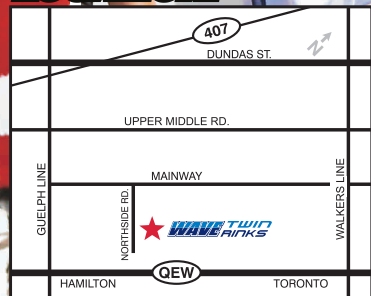
*All times and durations are subject to change.

LUNCH INCLUDED!
BEST VALUE AROUND

NHL-SIZED ICE SURFACES!

PREPARE FOR ACTUAL GAME SITUATIONS
- DON'T SETTLE FOR LESS!

LOCATION:



1179 NORTHSIDE RD., BURLINGTON, ON L7M 1H5
Location may change to Wave Sports Centre on selected dates. Registrants will be notified.

PRICING

\$75 +HST
Per Date
Per Player

OFFICIAL HOCKEY PARTNER



Registration available online at

WWW.WAVEHOCKEY.CA

or at Wave Twin Rinks.

Contact us @ 905-336-3434 ext. 13
or jcaves@wavehockey.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)

P.A. DAY HOCKEY CAMPS 2011-12

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 / 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 | |

Which P.A. Day(s) are you registering for?:

Price: Full Day (9am - 4pm): \$75.00 +HST = **\$84.75**

Payment Options: Cash Cheque (Payable to Wave Hockey) Visa MasterCard

Credit Card #: _____ Expiry: _____ / _____

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 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 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 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: _____