

# PA DAY

# Hockey CAMPS

OPEN TO PLAYERS OF ALL LEVELS, BOYS & GIRLS

## 2018-19 School Year

HALTON CATHOLIC &  
DISTRICT SCHOOL BOARDS

Sept 17	Feb 1
Oct 5	Feb 15
Nov 23	Apr 12
	June 7

**NHL-SIZED  
ICE SURFACES!**

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

### CAMP SCHEDULE

**FULL DAYS: 9am - 4pm**

(8am drop off, Pick up at 4 to 5pm)

**\*BONUS** - No extra cost for drop off  
and pick up times

Players will be grouped based on age & skill

★ On-ice sessions including:

- Power Skating
- Skills and Drills



★ Dry-land training,  
sports & activities

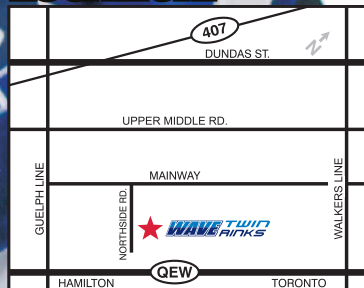


★ Lunch included  
(Pizza & Juicebox provided!)

**LUNCH  
INCLUDED!**

**BEST VALUE  
AROUND**

### LOCATION:

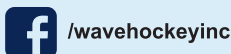


1179 NORTHSIDE RD, BURLINGTON, ON L7M 1H5  
Location may change to Wave Sports Centre on  
select dates. Registrants will be notified.

### PRICING

**\$79**.65  
+tax  
Per Date

**\$408**.85 +tax  
For all 7 Dates



OFFICIAL HOCKEY PARTNER



Registration available online at

**WWW.WAVEHOCKEY.CA**

or at Wave Twin Rinks.

Contact us @ 905-336-3434 ext. 10  
or programs@wavehockey.net

# **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 2018-19**

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?: *All camps are held at Wave Twin Rinks*

- |   |  |  |                                       |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> Sept. 17, 2018 | <input type="checkbox"/> Oct. 5, 2018  | <input type="checkbox"/> Nov. 23, 2018 |                                       |
| <input type="checkbox"/> Feb. 1, 2019   | <input type="checkbox"/> Feb. 15, 2019 | <input type="checkbox"/> Apr. 12, 2019 | <input type="checkbox"/> June 7, 2019 |

Pricing: PER DATE - Full Day (9am - 4pm): **\$90 All-in**

ALL 7 DATES - Full Day (9am - 4pm): **\$462.00 All-in**

Payment Options:  Cash  Cheque (Payable to Conacher Athletics Club)  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 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: \_\_\_\_\_