



POWER EDGE PRO

RETHINK YOUR TRAINING

FALL/WINTER CLINICS 2017-18

Mondays at 6pm

Session 1 - 9 classes
Sept 11/18/25, Oct 2/9/16/23/30, Nov 6

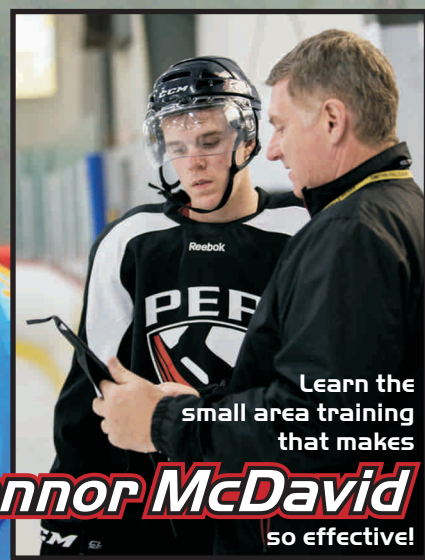
Session 2 - 9 classes
Nov 13/20/27, Dec 4/11/18, Jan 8/15/22
(No class Dec 25) (No class Jan 1)

Session 3 - 9 classes
Jan 29, Feb 5/12/26,
(No class Feb 19)
Mar 5/12/19/26, Apr 2

**FOR REP
PLAYERS
ONLY**

PRICING

\$315 +tax
Per Session



**FOR
AGES
9-13**

LOCATION:

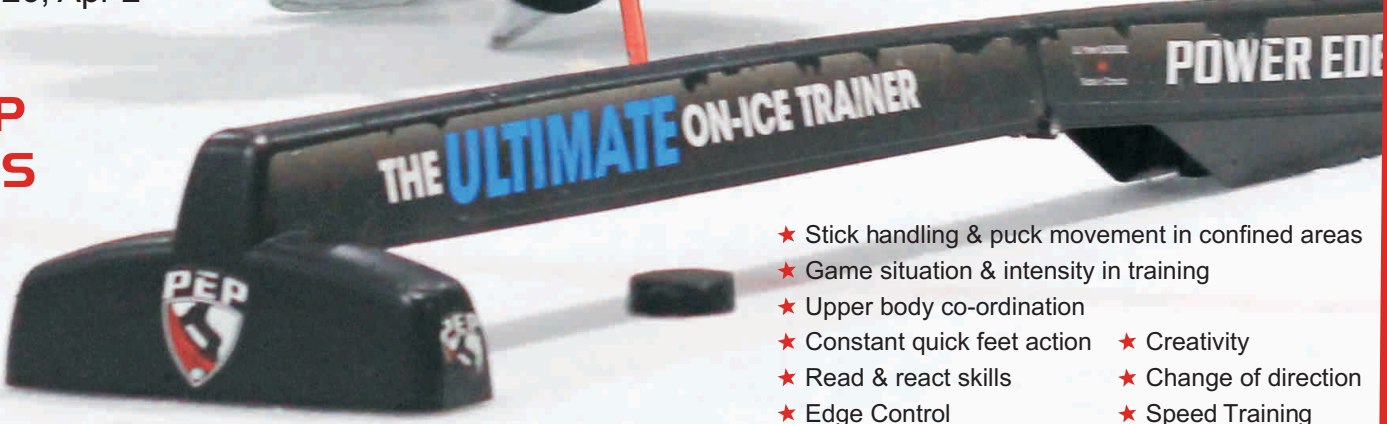
407		DUNDAS ST	
UPPER MIDDLE RD.			
QUEBEC LINE	MAINWAY	WALKERS LINE	
NORTHSIDE RD.	★ WAVE TWIN AIRPARK		
HAMILTON	QEW	TORONTO	

1179 NORTHSIDE RD, BURLINGTON, ON L7M 1H5

Head Instructor: Jarret Reid
Memorial Cup Champion and Professionally-Certified instructor

The ONE skills training you **must master** to compete at the elite level for **TODAY'S GAME: SMALL AREA TRAINING!** Power Edge Pro is the **leader** in small area skills training.

The Power Edge Pro training system trains skaters to perform a combination of skills and agility maneuvers simultaneously in and around the apparatus to simulate small area game situations. Repetition of PEP's unique patterns helps players become instinctive in their play, and makes it easier for players to apply and execute skills in game situations.



- ★ Stick handling & puck movement in confined areas
- ★ Game situation & intensity in training
- ★ Upper body co-ordination
- ★ Constant quick feet action
- ★ Read & react skills
- ★ Edge Control
- ★ Creativity
- ★ Change of direction
- ★ Speed Training

Registration available online at
WWW.WAVEHOCKEY.CA

or at Wave Twin Rinks.

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

POWER EDGE PRO - FALL/WINTER 2017-18

Participant's Name: _____

Parent/Guardian Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Participant's Date of Birth (yyyy/mm/dd): _____ / _____ / _____ Sex: Male Female

E-mail: _____

How did you hear about this program?: _____

Level of Ice Hockey this year:

- Rep A Girls Rep
 Rep AA Other _____
 Rep AAA

★ Which Session(s) are you registering for?:

*PRICE IS BASED ON THE NUMBER OF WEEKS IN A SESSION.
ALL-IN PRICING INCLUDES ALL APPLICABLE TAXES.*

- Session 1** - 9 classes
Sept 11/18/25, Oct 2/9/16/23/30, Nov 6
- Session 2** - 9 classes
Nov 13/20/27, Dec 4/11/18, Jan 8/15/22 (No classes Dec 25 and Jan 1)
- Session 3** - 9 classes
Jan 29, Feb 5/12/26, Mar 5/12/19/26, Apr 2 (No class Feb 19)

Session Prices (each): **\$355.95 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 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: _____