



Learn the small area training that makes **Connor McDavid** so effective!

- SEE PEP IN ACTION - [WWW.POWEREDGEPRO.COM](http://WWW.POWEREDGEPRO.COM)

**POWER EDGE PRO**  
RETHINK YOUR TRAINING

**SUMMER CAMP**  
**August 8-11, 2017**

4-DAY CAMP - TUESDAY TO FRIDAY

**FULL DAYS: 9am - 4pm**  
(8am drop off, Pick up at 4 to 5pm)  
**\*BONUS** - No extra cost for drop off and pick up times

2 on-ice sessions and  
Dry-land training daily

**FOR REP/SELECT PLAYERS ONLY**

LUNCH PLAN - Sign up for our  
4-day lunch plan for \$36 +tax

**LOCATION:**



1179 NORTHSIDE RD, BURLINGTON, ON L7M 1H5

**FOR AGES 8-13**

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

**PRICING**

**\$395**.57  
+tax  
Per Player

FREE extended care with 8am drop off & 4-5pm pick up!



Registration available online at

**WWW.WAVEHOCKEY.CA**

or at Wave Twin Rinks.

Contact us @ 905-336-3434 ext. 13  
or [kmacdonald@wavehockey.net](mailto: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 (PEP) - SUMMER CAMP - AUG 8-11, 2017

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 was the name of your last team?: \_\_\_\_\_

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

#### Level of Ice Hockey this year:

- Rep A       Select  
 Rep AA       Girls Rep  
 Rep AAA       Other \_\_\_\_\_

Price: \$447.00 All-in      *Please note this is a 4-day camp running Tuesday to Friday*

★ **Meal Plan:** I would like to sign up for a meal plan       Yes       No  
(an additional \$36 + tax = \$40.68. Total becomes \$487.68)

#### **NOTES FOR PARENTS:** Please supply your child with shorts, running shoes & a water bottle.

Please send two snacks and drinks with your child (morning & afternoon). Please note that all schedules are subject to change (Thank you).

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

Credit Card #: \_\_\_\_\_ Expiry: \_\_\_\_\_ / \_\_\_\_\_

REGISTRATION CANCELLATIONS ARE SUBJECT TO A \$25 SERVICE CHARGE.

PLEASE NOTE THAT CHILDREN WILL BE TRANSPORTED BY BUS TO OUR PARTNER LOCATIONS FOR ACTIVITIES. 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: \_\_\_\_\_