



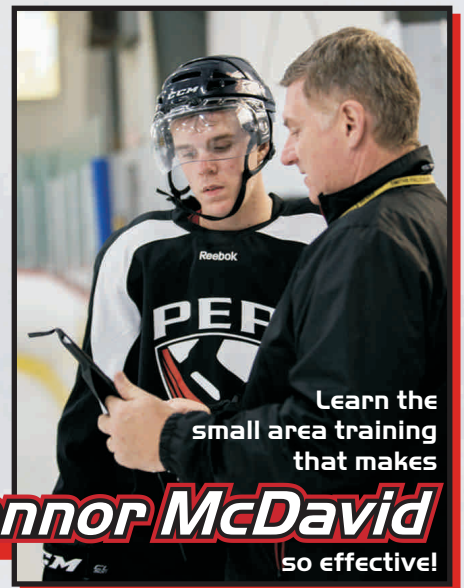
POWER EDGE PRO MARCH BREAK CAMP

March 12-16,
2018

1 - 2pm, daily

Head Instructor:
Jarret Reid

*Memorial Cup Champion and
Professionally-Certified instructor*

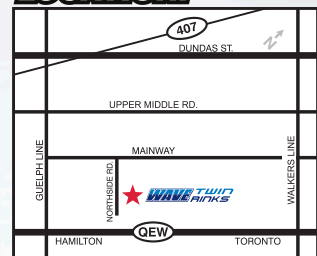


Learn the
small area training
that makes
Connor McDavid
so effective!

**FOR
REP PLAYERS
ONLY**



LOCATION:



1179 NORTHSIDE RD, BURLINGTON, ON L7M 1H5

- SEE PEP IN ACTION -
WWW.POWEREDGEPRO.COM

**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

\$175.22
+tax



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 - MARCH BREAK CAMP 2018

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 camp?: _____

Level of Ice Hockey last year:

- Rep A Girls Rep
 Rep AA Other _____
 Rep AAA

March 12-16, 2018 5 days 1-2pm @ Wave Twin Rinks

Pricing: \$198.00 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 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:** _____