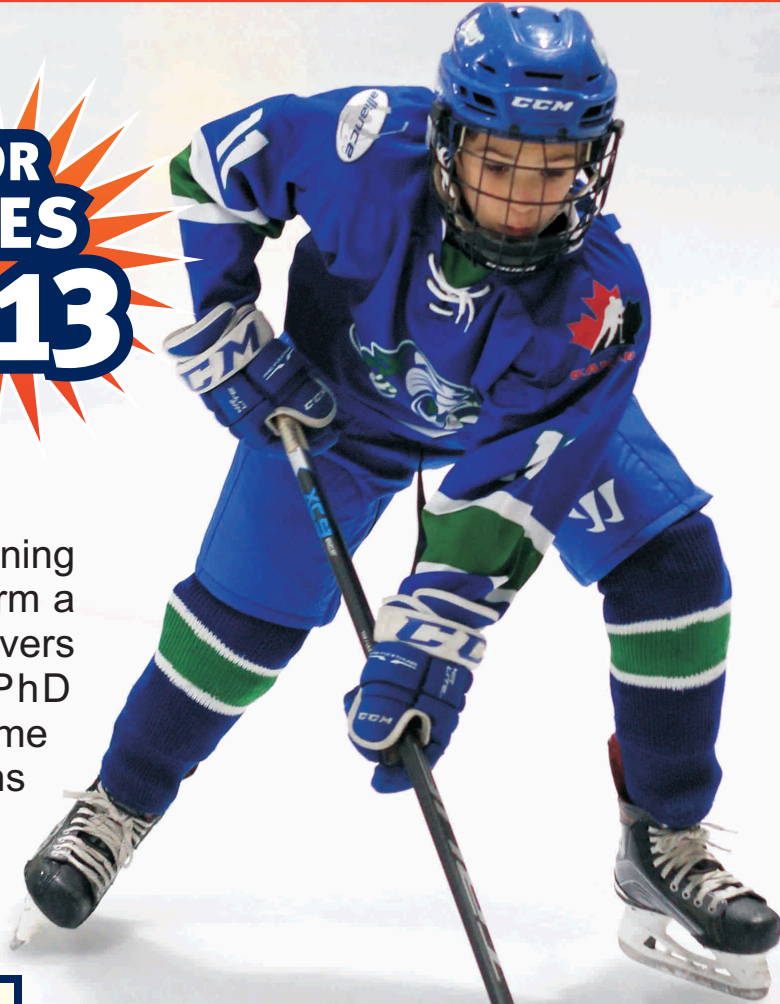


PHD

PUCKHANDLING DEVELOPMENT

FOR AGES 8-13



The PhD Puckhandling Development training program is designed to train skaters to perform a combination of skills and agility maneuvers simultaneously in and around the PhD apparatuses to simulate small area game situations. Repetition of PhD's unique patterns helps players become instinctive in their play, and makes it easier for players to apply and execute skills in game situations.

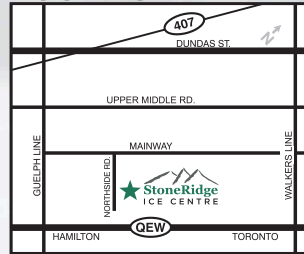
DETAILS

March 11-15, 2019

★ 1:00 - 2:00pm
50 minutes of on-ice instruction, daily
FOR REP/SELECT PLAYERS ONLY

- ★ Constant quick feet action
- ★ Read & react skills
- ★ Edge Control
- ★ Creativity
- ★ Change direction
- ★ Stickhandling & puck movement in confined areas
- ★ Game situations & intensity in training
- ★ Upper body co-ordination

LOCATION:



1179 NORTHSIDE RD, BURLINGTON, ON L7M 1H5



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

PRICING

\$175.22
+tax
Per Player



Registration available online at

WWW.WAVEHOCKEY.CA

or at StoneRidge Ice Centre.

Contact us @ 905-336-3434 ext. 10
or TylerR@jrcougarshockey.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)

PhD - MARCH BREAK CLINICS 2019

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 & level of your last team?: _____

How did you hear about this clinic?: _____

Level of Ice Hockey this year:

- Rep A Select
 Rep AA Girls Rep
 Rep AAA Other _____

Price: \$198.00 All-in *March 11-15, 2019 1 - 2pm, daily*

ALL CREDIT CARD TRANSACTIONS WILL INCUR A 3.2% PROCESSING FEE ABOVE PRICE AND TAX.

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

Credit Card #: _____ Expiry: _____ / _____ CVD/CVV: _____

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: _____