

**NEW
EXPANDED
SEASON!**

WAVE HOCKEY

Power Skating

FALL/WINTER/SPRING 2011-12

Professionally-Certified Instructors with their trained instructors teach boys and girls power skating skills and techniques. FULL HOCKEY EQUIPMENT AND STICK ARE REQUIRED. Player must be able to skate.

Peggy Ward is co-owner/Head instructor with Cindy Bower Peggy Ward Power Skating Clinics. For over 18 years, Peggy has instructed players from House League up to the NHL level. Some of her clientele include Simon Gagne, Ruslan Fedotenko, Brian Campbell, and Hayley Wickenheiser.

SESSIONS

DAYS	TIMES	SKILL LEVEL
Fridays	5 - 6pm	Beginner
Fridays	6 - 7pm	Advanced

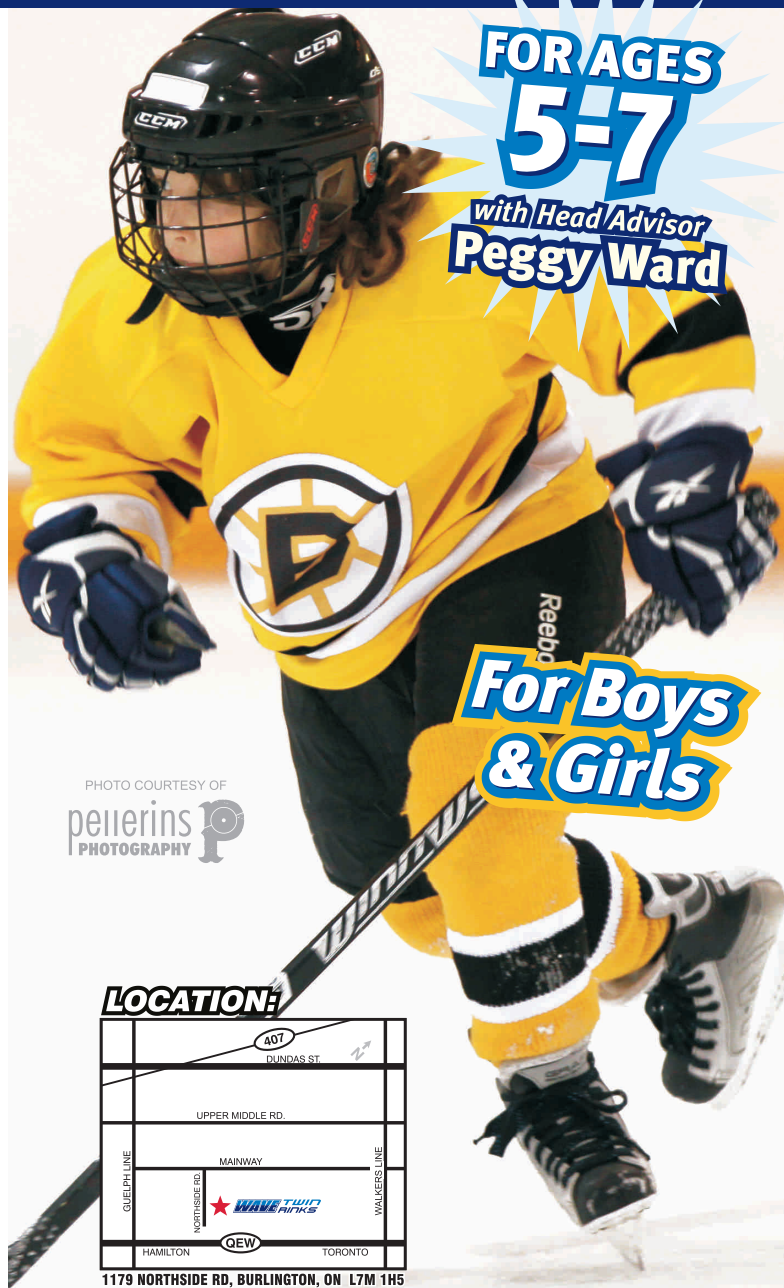
Session 1 Sept 9/16/23/30, Oct 7/14/21/28, Nov 4/11 (10 weeks)

Session 2 Nov 18/25, Dec 2/9/16/23/30, Jan 13/27 (9 weeks)

Session 3 Feb 10/17/24, Mar 2/9/16/23/30, Apr 6/13/20/27 (12 weeks)

**NOTE - Children may be moved into the other timeslot based on skill.*

SIGN UP ANY TIME THROUGHOUT A SESSION & YOUR FEE WILL BE PRORATED



**FOR AGES
5-7**

**with Head Advisor
Peggy Ward**

**For Boys
& Girls**

PHOTO COURTESY OF
pefferins P
PHOTOGRAPHY

LOCATION:



1179 NORTHSIDE RD, BURLINGTON, ON L7M 1H5



SKATERS CAN GRADUATE INTO OUR BACKYARD HOCKEY PROGRAM, OR ORIGINAL SIX PDHL!

PRICING

Per Player +HST

Session 1: \$280
Session 2: \$252
Session 3: \$336

Prices based on number of weeks in Session

OFFICIAL HOCKEY PARTNER



Registration available online at

WWW.WAVEHOCKEY.CA

or at Wave Twin Rinks.

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

POWER SKATING - FALL/WINTER/SPRING 2011-12

Participant's Name: _____

Parent/Guardian Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

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

Email: _____

How did you hear about this program?: _____

Which skill level are you registering for?: Beginner Fridays, 5 - 6pm *Player must be able to skate*
 Advanced Fridays, 6 - 7pm

Full hockey equipment and stick are required.

Which Session(s) are you registering for?: **Session 1** Sept 9/16/23/30, Oct 7/14/21/28, Nov 4/11 (10 weeks)
 Session 2 Nov 18/25, Dec 2/9/16/23/30, Jan 13/27 (9 weeks)
 Session 3 Feb 10/17/24, Mar 2/9/16/23/30, Apr 6/13/20/27 (12 weeks)

Pricing: Session 1: \$280.00 + HST = **\$316.40**
Session 2: \$252.00 + HST = **\$284.76**
Session 3: \$336.00 + HST = **\$379.68**

Payment Options: Cash Cheque (Payable to Wave Hockey) 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 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: _____



We develop and prepare athletes for scholarships, not just promote them. Our High School Development Program can be *free!* Visit www.ssbam.ca for more information.