

WAVE HOCKEY

Power Skating

FALL/WINTER/SPRING 2017-18

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.

- ★ Balance
- ★ Edges
- ★ Control
- ★ Forwards stride
- ★ Backwards skating
- ★ Lateral movement
- ★ Crossovers
- ★ Turns, transitions
- ★ Stops/starts
- ★ Much more!

Please note: This is NOT a "Learn to Skate" program.

It is highly recommended that your child has had skating lessons.



SESSIONS

DAYS	TIMES	SKILL LEVEL	AGES
Fridays	5 - 6pm	Beginner	5 - 8
Fridays	6 - 7pm	Advanced	5 - 7

**Must have completed Beginner program*

Session 1 Sept 8/15/22/29, Oct 6/13/20/27, Nov 3/10 (10 weeks)

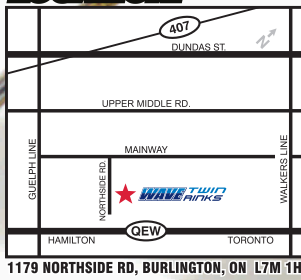
Session 2 Nov 17/24, Dec 1/8/15/22, Jan 5/12/19/26 (10 weeks) *(No classes on Dec 29)*

Session 3 Feb 9/16/23, Mar 2/9/16/23/30, Apr 6/13 (10 weeks) *(No classes on Feb 2)*

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



LOCATION:

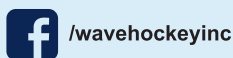


SKATERS CAN GRADUATE INTO OUR ORIGINAL SIX BACKYARD HOCKEY PROGRAM, OR ORIGINAL SIX PDHL!

PRICING

\$315

+tax
Per Session



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 SKATING - FALL/WINTER/SPRING 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

Email: _____

Previous skating lessons: _____

How did you hear about this program?: _____

Which skill level are you registering for?: Beginner Ages 5-8 Fridays, 5 - 6pm

Advanced Ages 5-7 Fridays, 6 - 7pm

**Must have completed Beginner program*

*Player must be able to skate.
Full hockey equipment and stick are required.*

Which Session(s) are you registering for?: **Session 1** Sept 8/15/22/29, Oct 6/13/20/27, Nov 3/10
(10 weeks)

Session 2 Nov 17/24, Dec 1/8/15/22, Jan 5/12/19/26
(10 weeks) (No classes on Dec 29)

Session 3 Feb 9/16/23, Mar 2/9/16/23/30, Apr 6/13
(10 weeks) (No classes on Feb 2)

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 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: _____