

# REP

## STICKHANDLING

# Hockey

## CLINICS

### FALL/WINTER 2011-12

# SOLD OUT!

PHOTO COURTESY OF  
peilerins PHOTOGRAPHY

FOR  
AGES  
**6-13**

### DETAILS

Build your skills and confidence in the following areas:

- ★ Stickhandling
- ★ Passing
- ★ Goal Scoring
- ★ Puck Control
- ★ Play Making

### SESSIONS

Players will be grouped based on skill.

AGES	DAY	TIME
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6 - 8 (Rep Level)	Tuesdays	6 - 7pm
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Session 1 Sept 13/20/27, Oct 4/11/18/25, Nov 1/8/15

Session 2 Nov 22/29, Dec 6/13/20, Jan 10/17/24/31

Session 3 Feb 7/14/21/28, Mar 6/13/20/27, Apr 10

9 - 13 (Rep Level)	Mondays	6 - 7pm
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Session 1 Sept 12/19/26, Oct 3/10/17/24/31, Nov 7/14

Session 2 Nov 21/28, Dec 5/12/19, Jan 9/16/23/30

Session 3 Feb 6/13/20/27, Mar 5/12/19/26, Apr 2

Session 1 has 10 weeks, Sessions 2 and 3 have 9 weeks.

### PRICING

Per Player +HST

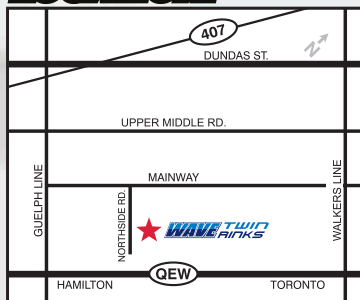
Session 1: **\$283**

Sessions 2/3: **\$255**

OFFICIAL HOCKEY PARTNER



### LOCATION:



1179 NORTHSIDE RD, BURLINGTON, ON L7M 1H5



Head Instructor: **Jarret Reid**

Memorial Cup Champion  
and Professionally-Certified instructor

Registration available online at

**WWW.WAVEHOCKEY.CA**

or at Wave Twin Rinks.

Contact us @ 905-336-3434 ext. 10  
or [gmast@wavehockey.ca](mailto:gmast@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)

### REP STICKHANDLING HOCKEY CLINICS - FALL/WINTER 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?: \_\_\_\_\_

#### Level of Ice Hockey this season:

Rep A  Rep AA  Rep AAA  Other \_\_\_\_\_

#### Which Session(s) are you registering for?:

**TUESDAYS**  Session 1 Sept 13/20/27, Oct 4/11/18/25, Nov 1/8/15 10 dates  
Ages 6 - 8  
6 - 7pm

**SOLD OUT!**  Session 2 Nov 22/29, Dec 6/13/20, Jan 10/17/24/31 9 dates

**SOLD OUT!**  Session 3 Feb 7/14/21/28, Mar 6/13/20/27, Apr 10 9 dates

**MONDAYS**  Session 1 Sept 12/19/26, Oct 3/10/17/24/31, Nov 7/14 10 dates  
Ages 9 - 13  
6 - 7pm

**SOLD OUT!**  Session 2 Nov 21/28, Dec 5/12/19, Jan 9/16/23/30 9 dates

**SOLD OUT!**  Session 3 Feb 6/13/20/27, Mar 5/12/19/26, Apr 2 9 dates

Session Prices: Session 1: \$283.00 +HST = **\$319.79** Sessions 2 or 3: \$255.00 +HST = **\$288.15**

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](http://www.ssbam.ca) for more information.