

REP TUNE-UP

Hockey CAMPS

REP TUNE-UPS - GET READY FOR SPRING TRYOUTS!

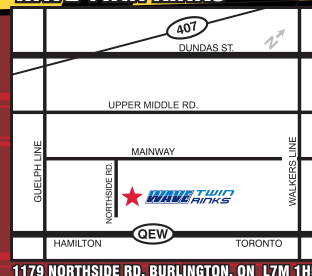
★ 1-hour classes with one of the following instructors:
 Jarret Reid (*Memorial Cup Champion*)
 Scott Mifsud (*Allan Cup Champion, Former AHL, University & International player. Attended Toronto Maple Leafs and Boston Bruins camps*)
 C.J. Morrison (*Head Coach, Blyth Academy Bruins U18, U16*)

- ★ Shooting
- ★ Puck Control
- ★ Passing
- ★ Power Skating

DATES - CHOOSE FROM 3 OPTIONS:

WAVE TWIN RINKS

WAVE SPORTS CENTRE



OPTION 1 - APRIL *2/*4/8/10

2 DATES AT WAVE TWIN RINKS
*2 DATES AT WAVE SPORTS CENTRE

DATE 1 - at Wave Sports Centre *Monday, Apr. 2		DATE 2 - at Wave Sports Centre *Wednesday, Apr. 4		DATE 3 - at Wave Twin Rinks Sunday, Apr. 8		DATE 4 - at Wave Twin Rinks Tuesday, Apr. 10	
BIRTH YEAR	TIME	BIRTH YEAR	TIME	BIRTH YEAR	TIME	BIRTH YEAR	TIME
10/11	5:00pm	10/11	5:00pm	10/11	2:30pm	10/11	5:00pm
08/09	6:00pm	08/09	6:00pm	08/09	3:30pm	08/09	6:00pm
07	7:00pm	07	7:00pm	07	4:30pm	07	7:00pm
05/06	8:00pm	05/06	8:00pm	05/06	5:30pm	05/06	8:00pm
02/03/04	9:00pm	02/03/04	9:00pm	02/03/04	6:30pm	02/03/04	9:00pm

OPTION 2 - APRIL *3/5/9/11

3 DATES AT WAVE TWIN RINKS
*1 DATE AT WAVE SPORTS CENTRE

DATE 1 - at Wave Sports Centre *Tuesday, Apr. 3		DATE 2 - at Wave Twin Rinks Thursday, Apr. 5		DATE 3 - at Wave Twin Rinks Monday, Apr. 9		DATE 4 - at Wave Twin Rinks Wednesday, Apr. 11	
BIRTH YEAR	TIME	BIRTH YEAR	TIME	BIRTH YEAR	TIME	BIRTH YEAR	TIME
10/11	5:00pm	10/11	5:00pm	10/11	5:00pm	10/11	5:30pm
08/09	6:00pm	08/09	6:00pm	08/09	6:00pm	08/09	6:30pm
07	7:00pm	07	7:00pm	07	7:00pm	07	7:30pm
05/06	8:00pm	05/06	8:00pm	05/06	8:00pm	05/06	8:30pm
02/03/04	9:00pm	02/03/04	9:00pm	02/03/04	9:00pm	02/03/04	9:30pm

OPTION 3 - APRIL 12/*13/*14/15

2 DATES AT WAVE TWIN RINKS
*2 DATES AT WAVE SPORTS CENTRE

DATE 1 - at Wave Twin Rinks Thursday, Apr. 12		DATE 2 - at Wave Sports Centre *Friday, Apr. 13		DATE 3 - at Wave Sports Centre *Saturday, Apr. 14		DATE 4 - at Wave Twin Rinks Sunday, Apr. 15	
BIRTH YEAR	TIME	BIRTH YEAR	TIME	BIRTH YEAR	TIME	BIRTH YEAR	TIME
10/11	5:00pm	10/11	5:00pm	10/11	10:00am	10/11	2:30pm
08/09	6:00pm	08/09	6:00pm	08/09	11:00am	08/09	3:30pm
07	7:00pm	07	7:00pm	07	12:00pm	07	4:30pm
05/06	8:00pm	05/06	8:00pm	05/06	1:00pm	05/06	5:30pm
02/03/04	9:00pm	02/03/04	9:00pm	02/03/04	2:00pm	02/03/04	6:30pm

PRICING

\$129 .20
+tax
Per Option



Registration available online at

WWW.WAVEHOCKEY.CA

or at Wave Twin Rinks.

Contact us @ 905-336-3434 ext. 14
or kelin@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)

REP TUNE-UP HOCKEY CAMPS - SPRING 2018

Participant's Name: _____

Parent/Guardian Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Name & Number: _____

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

E-mail: _____

What is the name & level of your current team?: _____

How did you hear about this program?: _____

Level of Ice Hockey this year:

- | | |
|---------------------------------------|----------------------------------|
| <input type="checkbox"/> House League | <input type="checkbox"/> Rep A |
| <input type="checkbox"/> Girls Rep | <input type="checkbox"/> Rep AA |
| <input type="checkbox"/> Select | <input type="checkbox"/> Rep AAA |
| <input type="checkbox"/> Other _____ | |

Position played: Forward Defense Goalie

★ Age Group you're signing up for: 2010/2011 2007 2002/2003/2004
 2008/2009 2005/2006

★ Date Option(s) you're signing up for: OPTION 1
April *2/*4/8/10
4 dates
*April 2 & 4 at Wave Sports Centre
April 8 & 10 at Wave Twin Rinks

OPTION 2
April *3/5/9/11
4 dates
*April 3 at Wave Sports Centre
April 5, 9 & 11 at Wave Twin Rinks

OPTION 3
April 12/*13/*14/15
4 dates
*April 13 & 14 at Wave Sports Centre
April 12 & 15 at Wave Twin Rinks

Camp Pricing: Per Option **\$146.00 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: _____