

REP TUNE-UP

Hockey CAMPS

REP TUNE-UPS - GET READY FOR SPRING TRYOUTS!

- ★ 1-hour classes including:
 - ★ Shooting
 - ★ Puck Control
 - ★ Passing
 - ★ Power Skating

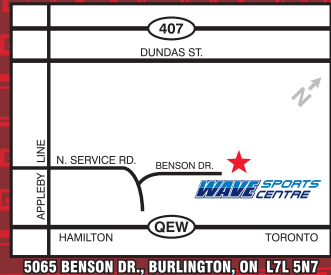
★ Please note: If the session is not full a class could get merged with one of the other dates and times.

DATES - CHOOSE FROM 4 OPTIONS:

STONERIDGE ICE CENTRE



WAVE SPORTS CENTRE



OPTION 1 - APRIL 1/3/*6/8

3 DATES AT STONERIDGE ICE CENTRE, 1 DATE AT WAVE SPORTS CENTRE

Dates	April 1	April 3	April 6	April 8
Location	SIC Blue	SIC Red	*WSC	SIC Blue
2011/2012	5:00pm	5:30pm	2:00pm	5:00pm
2009/2010	6:00pm	6:30pm	3:00pm	6:00pm
2007/2008	7:00pm	7:30pm	4:00pm	7:00pm
2005/2006	8:00pm	8:30pm	5:00pm	8:00pm
2002/03/04	9:00pm	9:30pm	6:00pm	9:00pm

OPTION 2 - APRIL 2/4/*7/9

3 DATES AT STONERIDGE ICE CENTRE, 1 DATE AT WAVE SPORTS CENTRE

Dates	April 2	April 4	April 7	April 9
Location	SIC Blue	SIC Blue	*WSC	SIC Blue
2011/2012	5:00pm	5:00pm	4:00pm	5:00pm
2009/2010	6:00pm	6:00pm	5:00pm	6:00pm
2007/2008	7:00pm	7:00pm	6:00pm	7:00pm
2005/2006	8:00pm	8:00pm	7:00pm	8:00pm
2002/03/04	9:00pm	9:00pm	8:00pm	9:00pm

OPTION 3 - APRIL 8/11/12/*14

3 DATES AT STONERIDGE ICE CENTRE, 1 DATE AT WAVE SPORTS CENTRE

Dates	April 8	April 11	April 12	April 14
Location	SIC Red	SIC Blue	SIC Blue	*WSC
2011/2012	5:30pm	5:00pm	5:00pm	11:00am
2009/2010	6:30pm	6:00pm	6:00pm	12:00pm
2007/2008	7:30pm	7:00pm	7:00pm	1:00pm
2005/2006	8:30pm	8:00pm	8:00pm	2:00pm
2002/03/04	9:30pm	9:00pm	9:00pm	3:00pm

OPTION 4 - APRIL 11/12/*14/*19

2 DATES AT STONERIDGE ICE CENTRE, 2 DATES AT WAVE SPORTS CENTRE

Dates	April 11	April 12	April 14	April 19
Location	SIC Red	SIC Red	*WSC	*WSC
2011/2012	5:30pm	5:30pm	4:00pm	5:00pm
2009/2010	6:30pm	6:30pm	5:00pm	6:00pm
2007/2008	7:30pm	7:30pm	6:00pm	7:00pm
2005/2006	8:30pm	8:30pm	7:00pm	8:00pm
2002/03/04	9:30pm	9:30pm	8:00pm	9:00pm

SIC = STONERIDGE ICE CENTRE (BLUE AND RED PAD), WSC = WAVE SPORTS CENTRE

ALL SCHEDULES ARE SUBJECT TO CHANGE.

PRICING

\$132 +tax
Per Option



Registration available online at

WWW.WAVEHOCKEY.CA

or at StoneRidge Ice Centre

Contact us @ 905-336-3434 ext. 10
or TylerR@stoneridgeses.com



REGISTRATION FORM (Please print)

Once completed, please fax to 905-336-9311 or drop off at StoneRidge Ice Centre (1179 Northside Rd, Burlington, ON L7M 1H5)

REP TUNE-UP HOCKEY CAMPS - SPRING 2019

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:

House League Select Girls Rep Rep A Rep AA Rep AAA Other _____

Position played: Forward Defense Goalie

★ Age Group you're signing up for: 2011/2012 2007/2008 2002/2003/2004
 2009/2010 2005/2006

★ Date Option(s) you're signing up for:

OPTION 1
April 1/3/*6/8
4 dates

April 1, 3 & 8 at StoneRidge Ice Centre
*April 6 at Wave Sports Centre

OPTION 2
April 2/4/*7/9
4 dates

April 2, 4 & 9 at StoneRidge Ice Centre
*April 7 at Wave Sports Centre

OPTION 3
April 8/11/12/*14
4 dates

April 8, 11 & 12 at StoneRidge Ice Centre
*April 14 at Wave Sports Centre

OPTION 4
April 11/12/*14/*19
4 dates

April 11 & 12 at StoneRidge Ice Centre
*April 14 & 19 at Wave Sports Centre

Camp Pricing: Per Option **\$149.16 All-in**

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: _____