

# REP Hockey TUNE-UP CAMPS 2020

## GET READY FOR SPRING TRYOUTS!

## DATES - CHOOSE FROM 5 OPTIONS:

★ 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.

### OPTION 1 - MAR 31, APR 2/7/9

4 DATES AT STONERIDGE ICE CENTRE

Dates	March 31	April 2	April 7	April 9
<b>Location</b>	SIC Blue	SIC Blue	SIC Blue	SIC Blue
2008/2009	5:00pm	5:00pm	5:00pm	5:00pm
2006/2007	6:00pm	6:00pm	6:00pm	6:00pm
2003/04/05	7:00pm	7:00pm	7:00pm	7:00pm

### OPTION 2 - APRIL \*1/6/8/10

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

Dates	April 1	April 6	April 8	April 10
<b>Location</b>	*WSC	SIC Blue	SIC Red	SIC Blue
2008/2009	7:00pm	5:00pm	5:15pm	5:00pm
2006/2007	8:00pm	6:00pm	6:15pm	6:00pm
2003/04/05	9:00pm	7:00pm	7:15pm	7:00pm

### OPTION 3 - APRIL 11/12/\*14/17

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

Dates	April 11	April 12	April 14	April 17
<b>Location</b>	SIC Blue	SIC Blue	*WSC	SIC Red
2008/2009	1:00pm	11:00am	5:00pm	5:30pm
2006/2007	2:00pm	12:00pm	6:00pm	6:30pm
2003/04/05	3:00pm	1:00pm	7:00pm	7:30pm

### OPTION 4 - APRIL \*13/+15/+16/18

SEE CHART FOR LOCATIONS

Dates	April 13	April 15	April 16	April 18
<b>Location</b>	*WSC	*Various	*Various	SIC Red
2008/2009	5:00pm	5:00pm WSC	5:00pm WSC	1:30pm
2006/2007	6:00pm	6:00pm WSC	6:00pm WSC	2:30pm
2003/04/05	7:00pm	5:30pm SIC RED	5:30pm SIC RED	3:30pm

### OPTION 5 - \*APR 20/21/22/23

4 DATES AT WAVE SPORTS CENTRE

Dates	April 20	April 21	April 22	April 23
<b>Location</b>	*WSC	*WSC	*WSC	*WSC
2008/2009	5:00pm	5:00pm	7:00pm	5:00pm
2006/2007	6:00pm	6:00pm	8:00pm	6:00pm
2003/04/05	7:00pm	7:00pm	9:00pm	7:00pm

SIC = STONERIDGE ICE CENTRE (BLUE AND RED PAD): 1179 NORTHSIDE RD, BURLINGTON, ON L7M 1H5

WSC = WAVE SPORTS CENTRE: 5065 BENSON DR., BURLINGTON, ON L7L 5N7

ALL SCHEDULES ARE SUBJECT TO CHANGE.

## PRICING

**\$160** All-in Per Option



Registration available online at

**WWW.WAVEHOCKEY.CA**

or at StoneRidge Ice Centre

Contact us @ 905-336-3434 ext. 10  
or programs@raiderssports.ca



# 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 2020

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:  2008/2009  2006/2007  2003/2004/2005

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

- |   |  |  |   |  |
|---|--|--|---|--|
| <input type="checkbox"/> <b>OPTION 1</b><br>March 31, April 2/7/9<br>4 dates<br><small>All dates at StoneRidge Ice Centre</small> | <input type="checkbox"/> <b>OPTION 2</b><br>April *1/6/8/10<br>4 dates<br><small>*April 1 at Wave Sports Centre<br/>April 6, 8 &amp; 10 at StoneRidge Ice Centre</small> | <input type="checkbox"/> <b>OPTION 3</b><br>April 11/12/*14/17<br>4 dates<br><small>April 11, 12 &amp; 17 at StoneRidge Ice Centre<br/>*April 14 at Wave Sports Centre</small> | <input type="checkbox"/> <b>OPTION 4</b><br>April *13/*15/*16/18<br>4 dates<br><small>*April 13 at Wave Sports Centre<br/>*April 15 &amp; 16 at Wave Sports Centre and<br/>StoneRidge Ice Centre (see schedule)<br/>April 18 at StoneRidge Ice Centre</small> | <input type="checkbox"/> <b>OPTION 5</b><br>*April 20/21/22/23<br>4 dates<br><small>*All dates at Wave Sports Centre</small> |
|---|--|--|---|--|

Camp Pricing: Per Option \$160.00 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: \_\_\_\_\_