



FOR AGES 10+

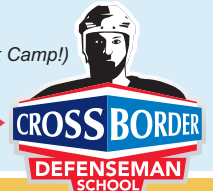
BODY CONTACT CAMP

DETAILS Five 1 hour classes

Your introduction to hockey body contact. **LEARN HOW TO TAKE A HIT SAFELY!**

March 12 - 16, 2012
2:30 - 3:30pm, daily
(Immediately following our Cross Border March Break Camp!)

SIGN UP FOR THE FULL WEEK OF CROSS BORDER MARCH BREAK CAMP AND RECEIVE A SPECIAL RATE OF \$100 FOR THIS CAMP!



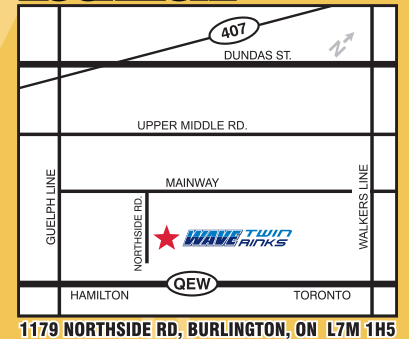
SAFE, EDUCATIONAL, PROFESSIONAL INSTRUCTION



FEATURES

- Step #1 – Positioning and Angling**
 - The first step in teaching Checking is to learn how to control skating and establish position to approach the opponent from an angle minimizing time and space for the opponent.
- Step #2 – Stick Checks**
 - The second step is to effectively use the stick, poke checking and sweep checking, lifting and locking the opponent's stick.
- Step #3 – Body Contact**
 - The third step is to use the body to block the opponent's way or take away the skating lanes of another player. The correct stance and effective use of leg strength are important parts of these techniques.
- Step #4 – Body Checking**
 - The fourth and final step is actual body checking. This step includes teaching techniques to check and receive a body check as well as safety and rules.

LOCATION:



PRICING

\$125 +HST Per Player



or **\$100** +HST if also registered for the full week of our 2012 Cross Border March Break Camp

Registration available online at **WWW.WAVEHOCKEY.CA**

or at Wave Twin Rinks.
 Contact us @ 905-336-3434 ext. 35
 or rradford@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)

SCHOOL OF HARD KNOCKS - MARCH BREAK CAMP 2012

Participant's Name: _____

Parent/Guardian Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Emergency Contact Number: _____

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

Medical Conditions / Questions: _____

E-mail: _____

What is the name of your current team?: _____

How did you hear about this camp?: _____

Level of Ice Hockey this year:

- | | | |
|--|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Did not play | <input type="checkbox"/> Rep A | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> House League Beginner | <input type="checkbox"/> Rep AA | |
| <input type="checkbox"/> House League Intermediate | <input type="checkbox"/> Rep AAA | |
| <input type="checkbox"/> House League Advanced | <input type="checkbox"/> Select | |

Price: ~~5.00~~ 25.00 + HST = **\$141.25**

SOLD OUT!

Yes (If so, your price for this camp becomes \$100 +HST = \$113.00) No
and you register for the full week of our 2012 Cross Border March Break Camp?

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 for more information.