

SKATES AND SWINGS

SUMMER CAMPS

Hidden Lake
Golf Club

Registration is limited:
Only 12 participants weekly

CAMP WEEKS

- July 9 - 13
- July 16 - 20
- July 23 - 27
- July 30 - Aug 3
- August 13 - 17
- August 20 - 24

FOR AGES
**5-8 &
9-12**

SCHEDULE

TIME: 8am - 4pm daily

- 8am drop off at Hidden Lake Golf Club,
- 4 to 5pm pick up at Wave Twin Rinks

PLAYERS WILL BE GROUPED BASED ON SKILL

- ★ 3 hrs at Hidden Lake Golf Club including:
 - Daily access to golf course (Tues-Fri)
 - Full swing (driver/irons)
 - Short game (putting/chipping)
 - Rules and etiquette
- ★ 3 hrs at Wave Summer Hockey Camp:
 - Skills & Drills
 - Power Skating
- ★ Lunch Plan \$45^{+tax} for 5 days
- ★ Golf & Hockey bag storage available

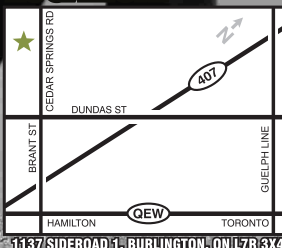
*All times and durations are subject to change.

**For Boys
& Girls**

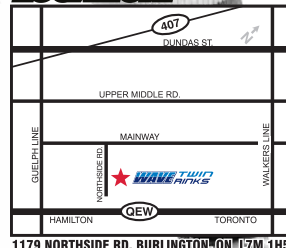


Register for 2 weeks or more and
SAVE \$50 PER WEEK

LOCATION:



LOCATION:



PRICING

\$424.78
+tax
Per Week
Per Player

FREE extended care with 8am drop off & 4-5pm pick up!



Registration available online at

WWW.WAVEHOCKEY.CA

or at Wave Twin Rinks.

Contact Jay Bondy @ 289-208-0297
or kmacdonald@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)

SKATES AND SWINGS SUMMER CAMPS 2018 - AT HIDDEN LAKE GOLF CLUB

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 / Allergies / Questions: _____

E-mail: _____

How did you hear about this camp?: _____

Level of Ice Hockey this year:

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

- ★ Which week(s) are you registering for?:
- | | |
|---------------------------------------|--|
| <input type="checkbox"/> July 9 - 13 | <input type="checkbox"/> July 30 - Aug 3 |
| <input type="checkbox"/> July 16 - 20 | <input type="checkbox"/> August 13 - 17 |
| <input type="checkbox"/> July 23 - 27 | <input type="checkbox"/> August 20 - 24 |

Pricing (Per week): **\$480.00 All-in** *Early Bird Price (Register by June 1): \$450.00 All-in*

- ★ Would you like to sign up for the 5-day Lunch Plan?: Yes No
Total per Camp becomes \$530.85 (\$50.85 All-in added) or \$500.85 before June 1

NOTES FOR PARENTS:

Please supply your child with shorts, running shoes & a water bottle. Please send two snacks and drinks with your child (morning & afternoon). Please note that all schedules are subject to change (Thank you).

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: _____