

WAVE HOCKEY

SUMMER 2018

Hockey CAMPS

OPEN TO PLAYERS OF ALL LEVELS, BOYS & GIRLS

FULL-DAY HOCKEY CAMPS

- WEEK 1: **July 3 - 6
- WEEK 2: July 9 - 13
- WEEK 3: July 16 - 20
- WEEK 4: July 23 - 27
- WEEK 5: July 30 - Aug 3
- WEEK 6: **August 7 - 10
- WEEK 7: August 13 - 17
- WEEK 8: August 20 - 24
- WEEK 9: August 27 - 31

**WEEKS 1 & 6 ARE 4-DAY WEEKS. (\$260 +tax)

COTTAGE FAMILIES OFFER

Spending long weekends at the cottage? Join for 3 days (Tues/Wed/Thurs) for the price of \$210 +tax

FULL DAYS: 9am - 4pm
(8am drop off, Pick up at 4 to 5pm)

*BONUS - No extra cost for drop off and pick up times

- ★ 2 on-ice sessions daily, including: skills and drills, and power skating
- ★ Off-ice Sports & Activities such as soccer, soccer baseball, baseball, basketball, road hockey etc.
- ★ Lunch Sign up for our 5-Day Meal Plan! Only \$45 +tax for the full week.
- ★ Register for any single day for \$75 +tax (lunch not included)

*Schedule subject to change, and to weather conditions

Ask about our
multiple week
DISCOUNTS



HALF-DAY HOCKEY AND HALF-DAY MULTI-SPORT AT BURLOAK SPORTS CENTRE

Multi-Sport CAMPS

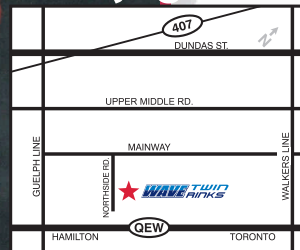
- WEEK 2: July 9 - 13
- WEEK 4: July 23 - 27
- WEEK 5: July 30 - Aug 3
- WEEK 6: **August 7 - 10

**FOR
BOYS & GIRLS
5-8 & 9-12**

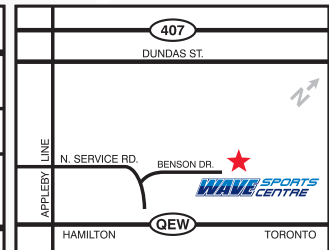
*Ages subject to change based on number of registrations

Ask about our
**REFER A FRIEND
PROGRAM**
and our
**SMALL GROUP/
TEAM RATE!**

WEEKS 1-5, 7-9 @



WEEK 6 @



PRICING

\$299

+tax
Per 5-day Week
Per Player

***WEEKS 1 & 6 ARE 4-DAY WEEKS. \$260 +tax

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

/wavehockeyinc

@wavehockey

OFFICIAL HOCKEY PARTNER
 **Source
for sports**
We know our stuff!



Registration available online at

WWW.WAVEHOCKEY.CA

or at Wave Twin Rinks.

Contact us @ 905-336-3434 ext. 10
or programs@wavehockey.net

SUMMER HOCKEY CAMPS 2018

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 last year:

- | | | |
|--|----------------------------------|---|
| <input type="checkbox"/> Did 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?: ***Weeks 1 & 6 are 4-day weeks. All camps at Wave Twin Rinks except Week 6*

- | | | |
|--|---|--|
| <input type="checkbox"/> Week 1: **July 3 - 6
Week 2: July 9 - 13
<input type="checkbox"/> OPTION A - Full day hockey
<input type="checkbox"/> OPTION B - 1/2 day hockey
1/2 day Multi-Sport | <input type="checkbox"/> Week 4: July 23 - 27
<input type="checkbox"/> OPTION A - Full day hockey
<input type="checkbox"/> OPTION B - 1/2 day hockey
1/2 day Multi-Sport | **Week 6: Aug 7 - 10
at Wave Sports Centre
<input type="checkbox"/> OPTION A - Full day hockey
<input type="checkbox"/> OPTION B - 1/2 day hockey
1/2 day Multi-Sport |
| <input type="checkbox"/> Week 3: July 16 - 20 | <input type="checkbox"/> Week 5: July 30 - Aug 3
<input type="checkbox"/> OPTION A - Full day hockey
<input type="checkbox"/> OPTION B - 1/2 day hockey
1/2 day Multi-Sport | <input type="checkbox"/> Week 7: Aug 13 - 17
<input type="checkbox"/> Week 8: Aug 20 - 24
<input type="checkbox"/> Week 9: Aug 27 - 31 |

Pricing: Each 5-Day Camp: **\$337.87 All-in**

Weeks 1 or 6 (4-day camps): \$293.80 All-in

Cottage Families Offer - 3-Day Camp (Tues/Wed/Thurs): \$237.30 All-in

Single Camp Day: **\$84.75 All-in**

Single Date(s): _____

- ★ **Meal Plans:** I would like to sign up for a meal plan Yes No
(per 5-day week, an additional \$50.85 All-in. One 5-day week of camp becomes **\$388.72**)
(or Week 1 or 6's 4-day week, an additional \$40.68 All-in. Week 1 or 6 camp becomes **\$334.48**)
(or Cottage Families 3-day week, an additional \$30.51 All-in. One 3-day week of camp becomes **\$267.81**)
(or per Single Day, an additional \$10.17 All-in. Each Single Day of camp becomes **\$94.92**)

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.

PLEASE NOTE THAT CHILDREN WILL BE TRANSPORTED BY BUS TO OUR PARTNER LOCATIONS FOR ACTIVITIES. 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 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:** _____