

**WAVE HOCKEY**

# GIRLS-ONLY SUMMER 2018

# Hockey CAMPS

**OPEN TO PLAYERS OF ALL LEVELS**

## 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: \*\*Aug 7 - 10

WEEK 6: Aug 20 - 24

\*\*WEEKS 1 & 5 ARE 4-DAY WEEKS. (\$260 +tax)

Please note that these camps may be paired with our standard Summer Hockey Camps if numbers don't support the girls only option.

**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 Conditioning Session and Outdoor Sports & Activities
- ★ Yoga, Dance, Music
- ★ Lunch: Sign up for our 5-Day Meal Plan. Only \$45+tax for the full week (\$36+tax for Weeks 1 & 5)

\*Schedule subject to change

**FOR  
AGES  
5-12**

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

### LOCATION:



## PRICING

# \$299

+tax  
Per 5-day Week  
Per Player

\*\*\*WEEKS 1 & 5 ARE 4-DAY WEEKS. \$260 +tax

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



Registration available online at

# WWW.WAVEHOCKEY.CA

or at Wave Twin Rinks.

Contact us @ 905-336-3434 ext. 10  
or [programs@wavehockey.net](mailto:programs@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)

### GIRLS-ONLY 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): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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         |
| <input type="checkbox"/> House League Beginner     | <input type="checkbox"/> Select      |
| <input type="checkbox"/> House League Intermediate | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> House League Advanced     |                                      |

#### Which week(s) are you registering for?: *\*\*Weeks 1 & 5 are 4-day weeks.*

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Week 1: **July 3 - 6 | <input type="checkbox"/> Week 3: July 16 - 20 | <input type="checkbox"/> Week 5: **August 7 - 10 |
| <input type="checkbox"/> Week 2: July 9 - 13  | <input type="checkbox"/> Week 4: July 23 - 27 | <input type="checkbox"/> Week 6: August 20 - 24  |

Pricing: Each 5-Day Camp: **\$337.87 All-in**  
*Weeks 1 or 5 (4-day camps): \$293.80 All-in*

- ★ **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 5's 4-day week, an additional \$40.68 All-in. Week 1 or 5 camp becomes **\$334.48**)

**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 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: \_\_\_\_\_