

WAVE HOCKEY

GIRLS-ONLY SUMMER 2019

Hockey CAMPS

OPEN TO PLAYERS OF ALL LEVELS

FULL-DAY HOCKEY CAMPS

WEEK 1: July 15 - 19

WEEK 2: July 22 - 26

WEEK 3: **Aug 6 - 9

WEEK 4: Aug 19 - 23

**FOR
AGES
5-12**

****WEEK 3 IS A 4-DAY WEEK. (\$280 +tax)**

Please note that these camps may be paired with our standard Summer Hockey Camps if numbers don't support the girls-only option. Some weeks the first on-ice session can be at 8:30am. Schedule will be sent the Friday before camp.

Register for the 2019-20
JR. COUGARS & BLOMHA TRYOUTS
 and receive **20% OFF**
 a July 2019 Summer Hockey Camp!
 \$260 +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
- * Outdoor Sports & Activities such as soccer, soccer baseball, baseball, basketball, road hockey etc.
- * Yoga and Dance
- * Lunch: Sign up for our 5-Day Meal Plan. Only \$45+tax for the full week (\$36+tax for Week 3)

*Schedule subject to change

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



PRICING

\$325

+tax
Per 5-day Week
Per Player

*****WEEK 3 IS A 4-DAY WEEK. \$280 +tax**

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

 /wavehockeyinc
 @wavehockey


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

 Jumpstart Bon départ

Registration available online at
WWW.WAVEHOCKEY.CA

or at StoneRidge Ice Centre

Contact us @ 905-336-3434 ext. 10
or TylerR@stoneridgeses.com

GIRLS-ONLY SUMMER HOCKEY CAMPS 2019

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?: ***Week 3 is a 4-day week.*

- | | |
|---|---|
| <input type="checkbox"/> Week 1: July 15 - 19 | <input type="checkbox"/> Week 3: **August 6 - 9 |
| <input type="checkbox"/> Week 2: July 22 - 26 | <input type="checkbox"/> Week 4: August 19 - 23 |

Pricing: Each 5-Day Camp: **\$367.25 All-in**
Week 3 (4-day camp): **\$316.40 All-in**

Player was registered
in Jr. Cougars / BLOMHA
2019-20 tryouts = 20% OFF
July Camp: **\$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 **\$418.10**)
(or Week 3's 4-day week, an additional \$40.68 All-in. Week 3 camp becomes **\$357.08**)

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).

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: _____