

# WAVE HOCKEY

GET READY FOR HOCKEY

INCLUDES 8 ICE SESSIONS.

★ Puck Control   ★ Passing   ★ Shooting   ★ Power Skating

REP PRE SEASON TUNE UPS - COST \$480 all-in

## Age Group 2010- 2012

Time	Date
4:00pm	August 17 2020
5:00pm	August 19 2020
5:30pm	August 21 2020
1:00pm	August 23 2020
5:30pm	August 24 2020
5:00pm	August 25 2020
6:30pm	August 27 2020
5:30pm	August 28 2020

## Age Group 2008 & 2009

Time	Date
5:00pm	August 17 2020
6:00pm	August 19 2020
6:30pm	August 21 2020
2:00pm	August 23 2020
6:30pm	August 24 2020
5:00pm	August 26 2020
7:30pm	August 27 2020
6:30pm	August 28 2020

## Age Group 2006 & 2007

Time	Date
6:00pm	August 17 2020
6:00pm	August 20 2020
10:00am	August 22 2020
3:00pm	August 23 2020
7:30pm	August 24 2020
6:00pm	August 26 2020
8:30pm	August 27 2020
7:30pm	August 28 2020

## Age Group 2005- 2003

Time	Date
7:00pm	August 17 2020
7:00pm	August 20 2020
12:00pm	August 22 2020
4:00pm	August 23 2020
8:30pm	August 24 2020
7:00pm	August 26 2020
9:30pm	August 27 2020
8:30pm	August 28 2020

**PRICING** ALL SCHEDULES ARE SUBJECT TO CHANGE  
NON HOCKEY CANADA SANCTIONED PROGRAM

**\$480** ALL-IN  
PER OPTION

REGISTER ONLINE AT

[WWW.WAVEHOCKEY.CA](http://WWW.WAVEHOCKEY.CA)

📞 905-336-3434 ext. 14  
✉ [programs@wavesports.ca](mailto:programs@wavesports.ca)

# **WAVE HOCKEY** REGISTRATION FORM (Please print)

Once completed, please fax to 905-336-9311 or drop off at Wave Sports Centre (1179 Northside Rd, Burlington, ON L7M 1H5)

## REP PRE SEASON TUNE UPS- 2020

Participant's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Name & Number: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

What is the name & level of your current team?: \_\_\_\_\_

How did you hear about this program?: \_\_\_\_\_

Level of Ice Hockey this year:

House League  Select  Girls Rep  Rep A  Rep AA  Rep AAA  Other \_\_\_\_\_

Position played:  Forward  Defense  Goalie

★ Age Option(s) you're signing up for:

REP TUNE UPS

2010-2012

2008-2009

2006-2007

2005-2003

Camp Pricing: *Per Option* \$480.00 All-in •

Please note: If the session is not full a class could get merged with one of the other dates and times

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

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. NO REFUNDS, CREDITS ONLY.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_