

Registration is limited: Only 9 participants weekly



# SKATES AND SWINGS

SUMMER CAMPS



## CAMP WEEKS

- July 20- 24
- July 27 - 31
- August 10 - 14
- August 17 - 21

**FOR AGES 5-12**

## SCHEDULE

**TIME: 8:45am - 4pm daily**  
 - Drop off at Within Range Golf Club  
 - 4pm pick up at Wave Sports Centre

PLAYERS WILL BE GROUPED BASED ON SKILL

- ★ 3 hrs at Within Range Golf including:
  - Daily access to golf course
  - Full swing (driver/irons)
  - Short game (putting/chipping)
  - Rules and etiquette
- ★ 3 hrs at Wave Summer Hockey Camp:
  - Skills & Drills
  - Power Skating
- ★ Golf & Hockey bag storage available

\*All times and durations are subject to change.

**For Boys & Girls**



**Register today- limited spots available!!**

## PRICING

**\$590** Per Week Per Player



Registration available online at

**www.wavesports.ca**  
or at Wave Twin Rinks

Contact us @ 905-336-3434 ext. 14  
or [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)

## **SKATES AND SWINGS SUMMER CAMPS 2020- Within Range Golf Centre**

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 20 - 24 | <input type="checkbox"/> August 17- 21 |
| <input type="checkbox"/> July 27 - 31 |  |
| <input type="checkbox"/> August 10-14 |  |

Pricing (Per week): **\$590.00 All-in**

### 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: \_\_\_\_\_