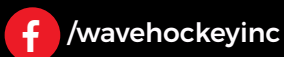


FALL/WINTER 2020-21

WAVE SPORTS



For more information, visit WWW.WAVESPORTS.CA

PRICING PER PLAYER

\$650.00 ALL IN

**TO REGISTER A TEAM OR PLAYER,
PLEASE CONTACT LIAM AT**

 Imaguire@wavesports.ca
905-336-3434 Ext 40

Please note this league is non sanctioned



REGISTRATION FORM

Please send completed registration form to Liam at Imaguire@wavesports.ca

WAVE YOUNG ADULT LEAGUE FALL/WINTER 2020-21

Team Rep Name: _____

Address: _____

City: _____ Province: _____

Country: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Participant's Date of Birth (yyyy/mm/dd): _____ / _____ / _____

Email: _____

Team Name / Team Rep: _____

Preferred Skill Level: AAA AA A MD House League

Division (please circle)

2006 & 2005 2004 & 2003 2002 & 2001

League Pricing

Player Entry: \$650.00

Payment Plan:

1st Installment \$325 upon registration

2nd Installment \$325 January 22nd, 2020.

PAYMENT DETAILS

Payment Options: Cheque (Payable to Deerview Athletics)

Cash Visa Mastercard

Credit Card #: _____ Expiry: _____ / _____ CVD/CVV: _____

All deposits are non-refundable. All refunds will be issued as a credit that can be used towards future registrations or any programming/ice rentals that Wave Sports offers. Credits will expire 1 year from the date it is issued.

WAHL TERMS & CONDITIONS: THE PLAYER ASSUMES ALL RISK OF PERSONAL INJURY WHICH MAY RESULT FROM PARTICIPATION IN ALL ACTIVITIES OF THE WAVE SPORTS. THE PLAYER WILL NOT HOLD WAHL, ANY OF WAVE SPORTS OFFICIALS, STAFF, OWNER OR PROPRIETOR OR EMPLOYEES OF ANY ICE FACILITY USED BY THE WAHL, LIABLE FOR INJURY WHICH THE PLAYER MAY SUSTAIN WHILE PARTICIPATING IN ANY WAVESPORTS ACTIVITY. THE PLAYER UNDERSTANDS AND AGREES THAT THE SPORT OF ICE HOCKEY HAS PHYSICAL DANGERS WHICH MAY RESULT IN SERIOUS INJURY OR DEATH. THE PLAYER IS ADVISED TO CARRY MEDICAL INSURANCE. THE PLAYER CERTIFIES THAT HE/SHE HAS NO KNOWN MEDICAL CON-DITION WHICH WOULD PROHIBIT HIM/HER FROM PLAYING THE SPORT OF ICE HOCKEY. 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.

Name: _____ Signature: _____ Date: _____