



WOMEN'S HOCKEY 4 on 4 League

Sunday Nights 2014

6-8pm

May 11 - August 17

12 Games



**WATERLOO
WOMEN'S HOCKEY**

WEAR BLACK

BE GOLD

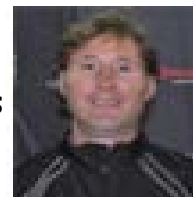


#goblackgogold



SPRING/SUMMER LEAGUE ADDITIONAL INFORMATION

- Cost is \$195+ HST for the entire League
- Sunday Game Times
6-7pm or
7-8pm
- All on-ice sessions will be held at Columbia Icefields Arena
- 4 on 4
- Jerseys Supplied



THE LEAGUE

- 12 Games
- Sunday evenings 1 hour on-ice
- May 11th to August 17th
- Max. 12 Players per team and 1 Goaltender
- Referee and Scorekeeper

LEAGUE COORDINATOR

Shaun Reagan Women's Hockey Head Coach and Director of uWaterloo's Hockey Programs. Team Ontario U18 Coach and Camp Evaluator. High Performance 1 Certification.

CAMP REGISTRATION

Last name: _____ First name: _____

Address: _____

City: _____ Postal code: _____

Date of Birth (MM/DD/YEAR): _____

Parent's Name: _____

Phone (H): _____ Phone (W): _____

Email: _____

Health Card #: _____

Known Allergies: _____

Mail to: University of Waterloo, Attn: Shaun Reagan (CIF),
200 University Ave West, ON N2L 3G1, Make cheques payable
to: **University of Waterloo**

WATERLOO ATHLETICS AND RECREATION CAMP PARENTAL CONSENT

I, the undersigned, hereby acknowledge that certain risks of injury are inherent to participation in recreational activities and classroom activities. These types of injuries may be minor or serious and may result from one's actions, or the actions or interaction of others or a combination of both. I understand that certain activities require minimum level of fitness and health (physical, mental and emotional) and that each person has a different capacity for participating in these activities. I hereby agree that the University of Waterloo, its faculty, staff and agents shall not be liable for any injury, loss of damage to person or property, incurred during this program, including deterioration of health or illness or aggravation of condition resulting from participation in these activities. I declare having read and understood the above informed consent agreement in its entirety and hereby give my consent for the registrant to participate knowing all of the foregoing.

Print Name _____ Date: _____

Signature _____