

SCHOOL DIRECTOR...



LEO PAONE, Hon. B.A., M.Sc.Ed.

- ❖ SCGHL Bantam AA Girls' Rep - Head Coach
- ❖ AMHA Bantam AA Rep - Head Coach
- ❖ AAGHA 1999-2005 - Coach and Development Co-ordinator
- ❖ Ancaster Minor Hockey League 1996-98 - Coach and Player Development Co-ordinator
- ❖ N.C.C.P. Advanced 1 Certified and Intermediate Level Instructor
- ❖ Redeemer College Royals 1994-96 - Head Coach
- ❖ Specialty Clinic Instructor - ie. Power Skating, Checking and Adult Clinics
- ❖ CANAM Stars Hockey Schools 1987-97 (Guelph and Lake Placid) - Instructor
- ❖ O.M.H.A. Under-17 Camps - Player Evaluation and Conditioning Seminars

CHRISTMAS BREAK PROGRAM...

The Heads Up Sports Academy's Christmas Program is designed to provide the participant with hockey instruction to enhance fundamental hockey skills during the hockey season.

POWER SKATING AND SHOOTING CLINIC

POWER SKATING

- ✓ Balance and Posture
- ✓ Strides and Pivots
- ✓ Stops and Starts
- ✓ Crossovers and Turns
- ✓ Edges and Power

SHOOTING

- ✓ Sweep Shoot
- ✓ One Timers
- ✓ Breakaways
- ✓ Snap Shot
- ✓ Deflections
- ✓ Continuous Movement
- ✓ Flip Shot
- ✓ Rap Around
- ✓ Slap Shot
- ✓ Rapid Fire

ALL SHOOTING DRILLS WILL:

- be age specific;
- be ability specific;
- improve hand eye co-ordination;
- be progressive from stationary to movement; &
- be performed against a goalie.

Heads Up Sports Academy - Christmas Break Shooting Clinic 2009

Please make all cheques payable to **Heads Up Sports Academy** and mail to:
Heads Up Sports Academy, c/o 32 Concerto Court, Ancaster, L9G 4V7
 (Your cashed or cancelled cheque is a confirmation to the school.)

PLEASE SELECT: Beginner Junior High Performance

PLAYER'S FIRST NAME: _____ SURNAME: _____ PARENT'S NAME: _____

ADDRESS: _____ APT. # _____ CITY: _____

POSTAL CODE: _____ PHONE #: _____ AGE: _____ BIRTH DATE: _____

EMAIL: _____ POSITION PLAYED: _____

TEAM LEVEL: AAA AA A HUB SELECT HOUSE LEAGUE

I give approval for my child to participate in all activities and events of the Heads Up Sports Academy and do assume all risks, hazards and accidents to such participation. I do waive, release, absolve, indemnify and agree to hold harmless the Heads Up Sports Academy and its proprietor. I certify that the applicant is in good physical and mental health and able to participate in the physical activity of this vigorous program.

SIGNATURE OF PARENT OR GUARDIAN: _____ **DATE:** _____

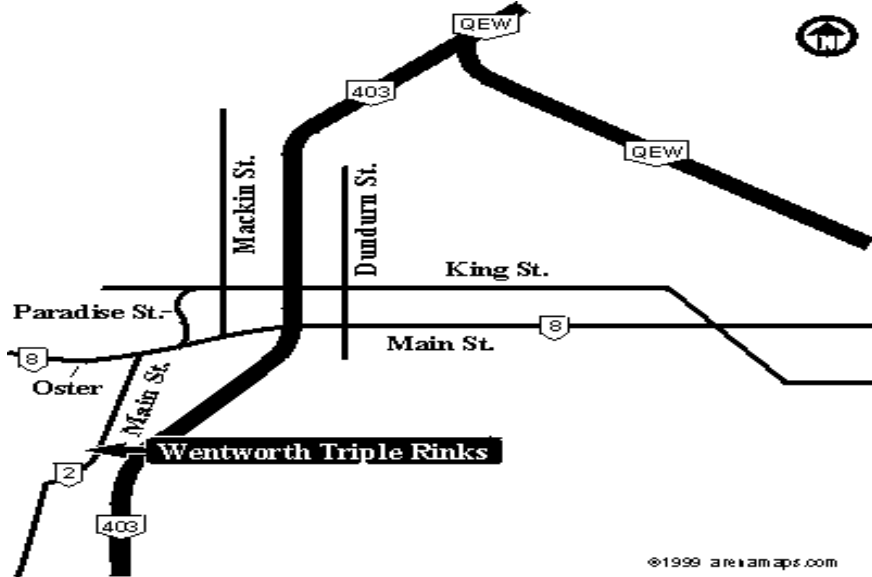
Heads Up Sports Academy

32 Concerto Court,
Ancaster, L9G 4V7

FOR MORE INFORMATION CALL:

☎ (905) 648-4606 or

Email: husa@cogeco.ca



PLEASE NOTE

All players must wear
C.S.A. full protective equipment
at all times on ice!

CHRISTMAS BREAK – SHOOTING CLINIC

Dates: Monday, December 28, 2009 to Wednesday, December 30, 2009

Programs	Age	Time	Cost	Family Cost
Beginner (CHIP)	4-9 yrs. of age	9:00 - 10:25 AM	\$ 90	\$ 85
Junior	7-9 yrs. of age	10:35 - 11:55 AM	\$ 90	\$ 85
High Performance	10 & up	12:05 - 1:25 PM	\$ 90	\$ 85

All programs include power skating & resistance training, shooting drills and a 30 minutes controlled 4 on 4 scrimmage.

Special Note:

- All programs limited to 24 skaters
- Goalies will be required for all sessions, please call if you are interested in signing up your son or daughter.



Heads Up
Sports Academy Inc.

CHRISTMAS BREAK 2009

POWER SKATING WITH STEPIEN AND SHOOTING CLINIC

WENTWORTH ARENAS

**OUR
17 TH
Year!**

Visit our website @ www.husa.ca