



Heads Up
Sports Academy Inc.

2010 DOFASCO MARCH BREAK HOCKEY CAMP



Instruction By: Rich Vrataric and Bob Vrataric
3 Day March Break Hockey Camp

<i>Monday March 15, 2010</i>	<i>ACTIVITIES</i>
8:15 AM - 9:15 AM	ICE (WEST ARENA)
9:30 AM - 10:30 AM	ICE (WEST ARENA)
11:00 AM - 1:00 PM	LUNCH/MOVIE IN THE MEETING ROOM B
1:00 PM - 3:30 PM	GYM

<i>Tuesday March 16, 2010</i>	<i>ACTIVITIES</i>
8:15 AM - 9:15 AM	ICE (WEST ARENA)
9:30 AM - 10:30 AM	ICE (WEST ARENA)
11:00 AM - 1:00 PM	LUNCH/MOVIE IN THE MEETING ROOM B
1:00 PM - 3:30 PM	GYM

<i>Wednesday March 17, 2010</i>	<i>ACTIVITIES</i>
8:00 AM - 10:30 AM	GYM
10:30 AM - 12:00 Noon	LUNCH/MOVIE IN THE MEETING ROOM B
12:30 AM - 1:30 PM	ICE (EAST ARENA)
2:00 PM - 3:30 PM	GYM

<i>AGES</i>	<i>COST (GST INC)</i>
Group A: 6-8yr olds	\$ 180.00
Group B: 9-12yr olds	

**Visit our website @ www.husa.ca
husa@cogeco.ca or (905) 648-4606**

On Ice Program

- Power Skating
- Fundamental stick handling and shooting drills
- Scrimmage

Conditioning and Activities

- Olympic obstacle course challenge
- Fitness and flexibility
- Circuit training
- Skipping drills
- Soccer, dodge ball, lacrosse,

PROGRAM DIRECTORS:

RICH VRATARIC, B. PhEd. , B. Ed.

- High Performance 1 Level Coach
- Secondary School Teacher
- Certified Can Power Skating Coach
- OMHA Course Conductor
- NCCP Theory 3

BOB VRATARIC, B.A. B. Ed.

- Development 2 Level Coach
- AAA - Head Coach, Hamilton Ice Dogs (2001-2003)
- Dofasco Minor Hockey League Development Camps - Head Instructor
- Elementary School Teacher
- 2002-2003 Hamilton Reps 13AAA Assistant Coach

Special Notes

- ✓ Players must bring their own lunch daily
- ✓ Every participant will receive a water bottle
- ✓ Players must dress accordingly for all on ice and off ice activities
- ✓ Confirmation calls will be made two weeks prior to the starting date
- ✓ This is a full day camp from 8:00 am to 4:00 pm - **MONDAY MARCH 15 - WEDNESDAY MARCH 17, 2010**



HUSA - 2010 Dofasco March Break Hockey Camp

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 program:

Group A: 6-8yr olds

Group B: 9-12yr olds

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

ADDRESS: _____ APT. # _____ CITY: _____

P.C.: _____ PHONE #: _____ AGE: _____ BIRTH DATE: _____

E-MAIL: _____ POSITION PLAYED: _____

TEAM LEVEL: Rep SELECT HOUSE LEAGUE NO EXPERIENCE

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.

**Visit our website @ www.husa.ca
husa@cogeco.ca or (905) 648-4606**