



Fall 4 on 4 Shape-up Challenge 2010

OUR
17 TH
YEAR!

COST: 6 sessions of 1 Hour for \$ 95.00 (Family price \$90)

Males &
Females

PROGRAM CONVENOR: Ghislain Bellehumeur

DATES AGE/TIMES	Program A 02, 03, 04	Program B 00, 01	Program C 97, 98, 99	Program D 93, 94, 95, 96	LOCATION
1. Sat. Sept. 11/2010	10:15 to 11:15 am	11:15 to 12:15 pm	12:15 to 1:15 pm	1:15 to 2:15 pm	Barton Double Rinks
2. Sun. Sept. 12/2010	10:15 to 11:15 am	11:15 to 12:15 pm	12:15 to 1:15 pm	1:15 to 2:15 pm	Barton Double Rinks
3. Sat. Sept. 18/2010	10:15 to 11:15 am	11:15 to 12:15 pm	12:15 to 1:15 pm	1:15 to 2:15 pm	Barton Double Rinks
4. Sun. Sept. 19/2010	10:15 to 11:15 am	11:15 to 12:15 pm	12:15 to 1:15 pm	1:15 to 2:15 pm	Barton Double Rinks
5. Sat. Sept. 25/2010	8:00 to 9:00 am	9:00 to 10:00 am	10:00 to 11:00 am	11:00 to 12:00 noon	Wentworth Arenas
6. Sun. Sept. 26/2010	8:00 to 9:00 am	9:00 to 10:00 am	10:00 to 11:00 am	11:00 to 12:00 noon	Wentworth Arenas

Special Notes

- All programs limited to 24 skaters and 2 goalies .
- All players must wear C.S.A. full protective equipment.
- Family Cost or discount is two or more children from the same family.



HUSA APPLICATION FORM 2010 - Fall 4 on 4 Shape-up Challenge

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:

PROGRAM : Program A Program B Program C Program D

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

ADDRESS: _____ APT. # _____ CITY: _____

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

EMAIL: _____ POSITION PLAYED: _____

TEAM LEVEL: HUB AE 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.

SIGNATURE OF PARENT OR GUARDIAN: _____ DATE: _____

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