



Heads Up
Sports Academy Inc.

MIKE BURGGOYNE DEFENSEMAN HOCKEY CAMP 2010

The Heads Up Sports Academy Defensemen Camp is designed to provide the participant with an intense 15 hour program to enhance sound fundamental principles of the defenseman position.



Mike Burgoyne

- Pro Player: Missouri Mavericks (CHL)
- Drafted by Erie Otters O.H.L.
- HUSA Head Power Skating Instructor
- Hamilton Kilty Bees Jr. A Player

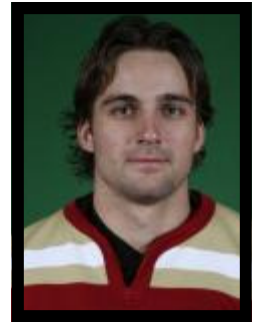


Location:	Mohawk 4 Ice Centre
Dates:	Monday, August 16 to Friday, August 20, 2010
Time:	Daily 8:30 am to 4:30 pm
Ages:	(Juniors) 7 & 8 yrs (Intermediates) 9 & 10 yrs (Advanced) 11 yrs & up
Details:	Goalies will be required. Limited to 30 Skaters per group
Price:	Regular Price: \$390 Family Price: \$370 (All prices include HST)

Visit our website @ www.husa.ca

Program Schedule

9:30 - 10:30 am	Power Skating & Puck Control for Defensemen
10:45 - 11:30 am	Off-Ice Training
11:30 - 12:00 pm	Lunch (bagged)
12:30 - 1:30 pm	Individual Defensemen Tactics
1:30 - 2:00 pm	Scrimmage
2:30 - 4:00 pm	Road Hockey & European Training Balls
4:30 pm	Parental Pick-up



What To Bring:

- Hockey duffle bag containing full equipment and hockey stick.
- A smaller duffle bag containing: Running Shoes (should be worn to camp) Lunch (including several snacks); Water Bottle; Sun screen; Baseball hat (optional); and Jacket.

HEADS UP SPORTS ACADEMY
32 Concerto Court
Ancaster, L9G 4V7

FOR MORE INFORMATION
CALL

Leo Paone @ ☎ 648-4606
OR BY EMAIL: husa@cogeco.ca



HUSA - APPLICATION FORM

Please make all cheques payable to **Heads Up Sports Academy** and submit to:
Leo Paone 32 Concerto Court, Ancaster L9G 4V7
(Your cashed or cancelled cheque is a confirmation to the Program)

MIKE BURGOYNE SUMMER DEFENCEMEN CAMP 2010

FIRST NAME: _____ SURNAME: _____ PARENT'S NAME: _____
ADDRESS: _____ APT. # _____ CITY: _____
POSTAL CODE: _____ PHONE #: _____ AGE: _____ BIRTH DATE: _____
EMAIL: _____ POSITION PLAYED: _____

TEAM LEVEL: AAA AA A AE Select House

HOCKEY JERSEY SIZE: YM YL YXL MS MM ML MXL

I give approval for my son/daughter 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: _____

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