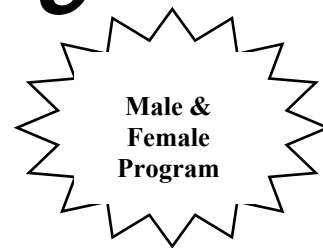




P.D. Days Hockey Program

PROGRAM DIRECTOR: Rob Carson



Purpose of Program:

The HUSA P.D. Days hockey camp is designed to provide the participant with hockey instruction to enhance fundamental skills during the hockey season. We want to develop and improve your child's agility, balance, co-ordination, dribbling, passing, shooting, and conditioning and have an overall appreciation for the game of hockey.

PROGRAM:

- 9:00 to 9:50 am - **Power Hour** (Skating Skills)
- 10:00 to 10:50 am - **The Perfect Player** - Back to basics (Puck Control & Shooting)
- 11:00 to 12:00 noon - **The Pond** - Back to your hockey roots! (4 on 4 Hockey)
- 24 Skaters & 2 Goalies
- Ages 6 to 12

Great Value!

COST: \$ 50.00 per session (3 Hours)

SESSION/DATE	TIME	LOCATION
1. Friday, September 25, 2009	9:00 am to 12:00 noon	Wentworth Arenas
2. Firday, November 16, 2009	9:00 am to 12:00 noon	Mohawk Four Ice Centre
3. Friday, December 4, 2009	9:00 am to 12:00 noon	Wentworth Arenas
4. Friday, January 29, 2010	9:00 am to 12:00 noon	Mohawk Four Ice Centre



P.D. DAYS APPLICATION FORM 2009-10

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 session (s).)

Please select program:

AM SESSION: September 25, 2009 November 16, 2009 December 4, 2009 January 29, 2010

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

ADDRESS: _____ APT. # _____ CITY: _____

P.C.: _____ PHONE #: _____ EMAIL: _____

AGE: _____ BIRTH DATE: _____ 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.

SIGNATURE OF PARENT OR GUARDIAN: _____ DATE: _____

Visit our website @ www.husa.ca

Phone: (905) 648-4606 or email: husa@cogeco.ca