



**Heads Up**  
Sports Academy  
Inc.

# 2010 Pre Season CHIP

## **Purpose of Program:**

The Initiation Program is not intended to replace the programs which currently exist with minor hockey, but rather complement them. Each session will feature three parts:

a Teaching Component, a Practice Component and a Games Component.

## **RICH VRATARIC, B. PhEd. , B. Ed.**

### **Technical:**

NCCP High Performance 1 (June 2005) Winnipeg, Canada

International Hockey Skating Symposium (40 Hours) (May 2005) Michigan, USA

National Coaching Certification Program Instructor, Ontario Minor Hockey Association (OMHA) (Aug. 2004-Present)

Canadian Hockey Initiation Program (CHIP), National Coaching Certification Program (Oct. 2004)

Certified Power Skating Coach, Can Power & Skate Coach through Skate Canada (June 2002)

Theory-Level 3, National Coaching Certification Program (Mar. 2002)

Level 2 Trainers, National Coaching Trainers Program (May 2002)

### **Coaching:**

Blessed Trinity Sr. Boys Hockey Coaching Staff Grimsby, ON (Sept 2005)

Under 18 Women's Program Guest Coach Winnipeg, MB Regional Camp Tryout (June 2005)

Under 17 Men's Program Guest Coach Simcoe, ON Regional Camp Tryout (April 2005)

OMHA Ontario Minor Hockey Association Course Instructor (Aug. 2004-Present)

House League to Pro - Heads Up Sports Academy Hockey Schools (1998- Present)

AAA - Head Coach, Hamilton Ice Dogs (2001-2003)

AAA - Assistant Coach, Hamilton Reps Hockey (2000-2003)

### **Player Experience:**

C.I.S. - Men's Varsity Ice Hockey Team Member, Brock University (1999)

Jr. B - Niagara Falls Jr. B Sutherland Cup Champions (1998)

OHL - Saginaw Spirit (Formerly known as North Bay Centennials) (1996-1997)

OHL - Erie Otters (formerly known as Niagara Falls Thunder) (1994-1996)

OHL - Ontario Hockey League 2<sup>nd</sup> Round Draft Pick (1994)

Tier II Jr. A - Hamilton Kilty B's, (1993-1994)

Under 17 Program - (progressed to the third Regional Camp in Waterloo, ON (1992)

AAA - Hamilton Reps (7 years)

## **BOB VRATARIC, B.A. B. Ed.**

### **Technical:**

Honors Human Geography Degree (Brock University)

Intermediate Level Coach, National Coaching Certification Program (April 2002)

Theory-Level 1, National Coaching Certification Program (Mar. 2002)

Level 1 Trainers, National Coaching Trainers Program (May 2002)

### **Coaching:**

CYO - Basket-ball, track and field, volleyball, intramurals (1997 - Present)

AAA - Head Coach, Hamilton Ice Dogs (2001-2003)

Head Instructor - Dofasco Minor Hockey League Development Camps (2000-Present)

House League to Pro - Heads Up Sports Academy Hockey Schools (1998- Present)

**Visit our website @ [www.husa.ca](http://www.husa.ca)  
[husa@cogeco.ca](mailto:husa@cogeco.ca) or (905) 648-4606**



# HEADS UP Source for sports®

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 ☎ (905) 574-5700 or 1-800-770-8624  
**Body Balancing & Alignment Expert Skate Sharpening**  
**VISIT THE HOCKEY EXPERTS**

**Ages:** 4 to 12 years of age  
**Cost:** \$ 150.00      **Family Cost:** \$ 140.00 (Prices include HST)

Dates	Time	Location
Monday, August 23 to Friday, August 27, 2010	9:15 - 10:15 am	Mohawk 4 Ice Centre

### Special Notes

- All programs limited to 28 skaters and 2 goalies will be required for all sessions, please call if you are interested.
- All players must wear C.S.A full protective equipment.
- Family Cost or discount is two or more children from the same family.
- The Heads Up Sports Academy's programs are designed to provide the participant with hockey instruction enhance fundamental hockey skills during the hockey season.
- All prices include G.S.T. 86427 1994 RT 0001



### HUSA CHIP APPLICATION FORM 2010

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:

PLAYER'S FIRST NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_ PARENT'S NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ APT. # \_\_\_\_\_ CITY: \_\_\_\_\_  
 P.C.: \_\_\_\_\_ PHONE #: \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_  
 E-MAIL: \_\_\_\_\_ POSITION PLAYED: \_\_\_\_\_

TEAM LEVEL:     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: \_\_\_\_\_

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