



**Heads Up**  
Sports Academy Inc.

## Summer Conditioning & Scoring Camp 2010

### Purpose of Program:

The goal of the Summer Conditioning Camp is to prepare each player for their upcoming season, emphasizing the conditioning aspect of hockey. The program consists of 5 hours of on-ice and off-ice instruction per day. The week will allow the player to be in game shape and top physical condition for the start of their pre-season.

**Instruction by:** Leo Paone & HUSA Staff

**Location:** Mohawk 4 Ice Centre

**Dates:** Monday, August 30 to Friday, September 3, 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)

### Program Schedule

9:30 - 10:30 am	Power Skating, Puck Control & Shooting
10:45 - 11:30 am	Off-Ice Training
11:30 - 12:00 pm	Lunch (bagged)
12:30 - 1:30 pm	Individual Tactics & Combative Drills
1:30 - 2:00 pm	Scrimmage
2:30 - 4:00 pm	Road Hockey
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.

Visit our website @ [www.husa.ca](http://www.husa.ca)



**HEADS UP**

**Source** for sports®

Visit our Store @ 830 Upper James Street (Mohawk)

'(905) 574-5700 or 1-800-770-8624

Body Balancing & Alignment

Expert Skate Sharpening

**VISIT THE HOCKEY EXPERTS**

**HEADS UP SPORTS ACADEMY**

32 Concerto Court

Ancaster, L9G 4V7

**FOR MORE INFORMATION CALL**

Leo Paone @ (905) 648-4606

OR BY EMAIL: [husa@cogeco.ca](mailto: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)

**SUMMER CONDITIONING & SCORING 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: \_\_\_\_\_

**Visit our website @ [www.husa.ca](http://www.husa.ca)**