



**Heads Up**  
**Sports Academy** Inc.

## 2010 Summer Female Conditioning Camp

### **Purpose of Program:**

The goal of the Summer Female 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 23, 2010 to Friday, August 27, 2010  
Daily 8:30 am to 4:30 pm  
*Supervision is provided until 5:00 pm*

**Ages:** (Junior) 7 - 9 years of age  
(Intermediate) 10 - 12 years of age  
(Advanced) 13 and 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**

9:00-10:30	Power Skating & Puck Control/Shooting
10:45-11:45	Off-Ice Training
12:00-12:30	Lunch
1:00-2:30	Combative Drills & 4 on 4 Scrimmage
3:00-4:00	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 @ ☎ 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 FEMALE CONDITIONING CAMP 2010

FIRST NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_ PARENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT. # \_\_\_\_\_ CITY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ PHONE #: \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ POSITION PLAYED: \_\_\_\_\_

TEAM LEVEL:     AA     A  BB     B     C     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)