



Heads Up
Sports Academy Inc.

2010 High Performance Junior 4 on 4 Hockey

LOCATION: Mohawk 4 Ice Centre

PROGRAM CONVENOR: Mike Burgoyne

- Missouri Mavericks (EIHL) - 2009 –2010
- Belfast Giants (EIHL) - 2008 –2009
- Oklahoma City Blazers (CHL) – 2006 - 08
- Motor City Mechanics (UHL) – 2005-06
- Brantford Blast (OHA SR) – 2002-04
- Hamilton Kilty Bees (JR.A) – 1997-2000
- Drafted by Erie Otters O.H.L.
- Over 500 games played professionally
- Robson Technologies HUSA Pro 4 on 4 - Director (2001 to Present)



PURPOSE:

To help aspiring players understand the mental game of hockey. Players will be given game strategy coaching, that they will be able to relate to 5 on 5 games; Some examples include: playing odd man rushes both Offense/Defense, reading a teams offense/defense; body positioning; and controlling and taking away the opponents ice.

(Sunday Night Program)

Dates: May 30 June 6, 13, 20, 27 July 4, 11, 18, 25 Aug 8, 15

COST: 11 sessions of 1 Hour for \$230 (price includes GST)

Visit our website @ www.husa.ca
husa@cogeco.ca or (905) 648-4606



- All teams limited to 12 skaters & 1 goalie
- Hockey jerseys will be provided
- All players must wear C.S.A. full protective equipment
- All teams will be guaranteed 11 games
- The 4 on 4 is played on an NHL size ice
- Conditioning League with no Red Line
- 2 - 22 minute straight time periods
- Non-contact
- Refs and Time Keepers Supplied
- All games will be played between 7:00 and 9:00 pm on Sunday nights
- Open to 14 to 18 year old players
- Championship Game played on August 15, 2010
- The Championship team will receive an official HUSA Junior 4 on4 Championship T-Shirt.



HUSA HP JUNIOR 4 ON 4 HOCKEY REGISTRATION 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.)

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

ADDRESS: _____ APT. # _____ CITY: _____

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

AGE: _____ BIRTH DATE: _____ POSITION PLAYED: _____

TEAM LEVEL: AA AAA JR B/C Tier Two A OHL University

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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