



Heads Up
Sports Academy Inc.

Womens' Summer Skills Program

Purpose of Program:

Beginner Program - 8:00 pm

- ❖ Instruction designed for the beginner or older female player
- ❖ Refresher for those getting back into hockey or less experienced players
- ❖ Run by women for women in a fun, intimidation-free environment
- ❖ Emphasis is on basic hockey fundamentals - core instruction includes:
 - . The mechanics of skating
 - . Puck handling
 - . Passing
 - . Shooting
- ❖ Game tactics - all with individual skills analysis and correction



Advanced Program - 9:00 pm

- ❖ Review of fundamental skills
- ❖ More of a drill format emphasizing fundamentals
- ❖ Higher Tempo Cardio-vascular workout
- ❖ Team Play Systems, on ice positioning, shooting accuracy (screens, tip ins, deflections), mini controlled scrimmages
- ❖ Overall development of your game
- ❖ Not recommended for beginners

Dates: Monday Evenings (no Long weekends)
May 31 June 7, 14, 21, 28 July 5, 12, 19, 26 August 9, 16, 23

COST: \$240.00 (including GST/HST)

Location: Barton Double Rinks (1911 Barton Street East)
Hamilton, ON L8H 2Y7

Head Instructor: Lynn Balloch

- ❖ National Coaching Certification Program - Intermediate Level Coach
- ❖ Ontario Women's Hockey Association - Coaching Mentor
- ❖ 20 Years Minor Hockey Coach

Visit our website: www.husa.ca

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



HEADS UP Source for sports®

Visit our Store @ 830 Upper James (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, ON L9G 4V7

FOR MORE INFORMATION CALL
Leo Paone @ 648-4606
OR BY EMAIL: husa@cogeco.ca

Notes:

- ❖ Each participant receives a hockey jersey
- ❖ Full CSA equipment required
- ❖ Some skating ability required



2010 WOMEN'S SUMMER APPLICATION FORM

Please mail this completed form, along with a postdated cheque (payable Heads Up Sports Academy) for **May 1/2010** with payment in full to confirm your spot to:

Heads Up Sports Academy, c/o Leo Paone 32 Concerto Crt, Ancaster, ON L9G 4V7

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ APT: _____ CITY: _____

POSTAL CODE: _____ PHONE: _____ EMAIL: _____

AGE: _____ POSITION: _____ 2009/10 TEAM _____

PROGRAM LEVEL: 8:00 PM - Beginner Program 9:00 PM - Advanced Program

HOCKEY JERSEY SIZE: MS MM ML MXL Goalie Cut

I will participate in all activities and events of the Heads Up Sports Academy and do assume all risks, hazards and accidents due 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 I am in good physical and mental health and able to participate in the physical activity of this vigorous program.

SIGNATURE OF PARTICIPANT: _____ DATE: _____

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