

# Canadian Hockey Academy

## Dear Parents and Players:

Enclosed you will find our Special Skills program. We offer both a half day or a full day program. Our program tries to offer a variety of programs for the young hockey player. If you wish to send your son/daughter for a full day, you can choose one type of program in the A.M. and another in the P.M. Please note that programs have a limit to assure a proper teaching ratio.

## Power Skating Camp

— A.M. — ONLY

This program focuses on edge control and balance as well as improving agility while developing power in his/her stride.

## Goal-Tending Camp

A complete review of the fundamentals of goaltending with a special emphasis on the following skills;

— A.M. —                      — P.M. —

- Movement in net
- Receiving shots
- Playing angles
- Playing the puck

The player will spend 4 hours a day on the ice and will receive 2 hours of off-ice physical training.

Limited to 9 goaltenders.

**ALL ICE SESSIONS ARE 2 HOURS LONG**  
**FULL DAYS - 4 HOURS OF DAILY ICE TIME**  
**HALF DAYS - 2 HOURS OF DAILY ICE TIME**

## Shooting Camp

This program will cover the basic fundamentals of shooting such as (balance, follow-through, speed and accuracy). Specific emphasis will be on the following;

— A.M. & P.M. —

- Wrist shot
- Snap shot
- Deflections
- Point Shots
- Sweep shot
- Slap shot
- Screen shot

Limited to 24 players.

## Stickhandling Camp

— P.M. — ONLY

The camp will focus on overall puck control. Players will be taught methods to improve their overall agility with the puck. These techniques will improve the players' ability to win 1 on 1 confrontations and improve his/her overall play making ability.

PLEASE MAIL OR FAX YOUR APPLICATION TO:

2469 Brennan Park Drive, Cumberland ON  
Canada K4C 1H6 Fax: (613) 800-0858

## REGISTRATION FORM

MARCH 16<sup>th</sup> - 18<sup>th</sup>, 2015 (PLAYERS) HALF DAY \$160, (PLAYERS) FULL DAY \$299(GOALIES) FULL DAY \$360

### CHOOSE YOUR SESSION:

- |  |   |
|--|---|
| <input type="checkbox"/> Power Skating               | <input type="checkbox"/> Shooting               |
| <input type="checkbox"/> Power Skating/Stickhandling | <input type="checkbox"/> Shooting/Stickhandling |
| <input type="checkbox"/> Stickhandling               | <input type="checkbox"/> Goalie Camp            |

— East End  
or  
— West End

- |                                   |
|-----------------------------------|
| <input type="checkbox"/> FULL DAY |
| <input type="checkbox"/> HALF DAY |

FULL NAME: \_\_\_\_\_

FULL ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ WORK PHONE#: \_\_\_\_\_

MEDICAL #: \_\_\_\_\_ D.O.B. \_\_\_\_\_

NUMBER OF YEARS AS A PLAYER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PROGRAM: \_\_\_\_\_ COST: \_\_\_\_\_

Waiver, I, the undersigned do hereby waive all claims against the Canadian Hockey Academy or employees for any injuries, accidents or mishaps however so occasioned.

VISA  MASTERCARD  CREDIT CARD # \_\_\_\_\_ EXP. DATE: \_\_\_\_\_ / \_\_\_\_\_

SIGNATURE OF (PARENT OR GUARDIAN) X \_\_\_\_\_ DATE: \_\_\_\_\_

[www.canadianhockeyacademy.com](http://www.canadianhockeyacademy.com)