

INSTRUCTORS BACKGROUNDS

SCOTT GROVER

- Trainer of OHL, PWHL, NCAA and NHL players
- NCCP level 3 certified coach
- 32 years coaching experience
- 26 years experience as power skating director
- Holds valid St. Johns Ambulance First Aid Certificate

JASON ROBINSON

- 3 years playing in the OHL
- 1996 drafted and played for Tampa Bay Lightning
- 12 years playing PRO in the States and Europe
- 21 years coaching experience
- Holds valid St. Johns Ambulance First Aid Certificate

BRAD MATWIJEC

- OMHA certified trainer for AA and AAA teams for the past 9 years
- Coaches the King City football, baseball and hockey teams
- High School Physical Education Teacher

Scott Grover can be reached
at:

(705) 726 – 5321 or by email
at

info@scienceofskating.com

or at



www.scienceofskating.com

Scott Grover

99 Nicholson Drive

Barrie, Ontario

L4N 0B2



HOCKEY SKILLS

What is “the *Science of Skating*”

For the past 33 years *The Science of Skating* has built a reputation for producing top level hockey players.

Now we want to share our knowledge, experience, and tradition of excellence to all hockey players.

The science of skating is more than an aerobic program designed to make the skater sweat...*The Science of Skating* is designed to develop fundamental skating skills through which a hockey player will achieve greater success.

Explosive acceleration, proper use of edges, improved lateral movement, increased balance, and precise stopping, are just the beginning of the skills that are taught in *The Science of Skating*.

We train OHL, NCAA and CWHL players. Come and train with some of the top players in Ontario!

SUMMER PROGRAM

Program A (House League)

COST: \$220.00

TERM: 5 days (7.25 hours)

Starting date: August 14th

LOCATION:

Bradford Leisure Center

DAY TIME

Mon. to Fri. 12:30 – 2:15 PM

Program B (“AA, AAA”)

COST: \$345.00

TERM: 5 days (10 hours)

LOCATION: same as above

DAY TIME

Mon. to Fri. 2:30 – 4:30 PM

Off- ice conditioning (5 hours)

Mon. to Fri. 5:00 – 6:00 PM

APPLICATION FORM

NAME _____

ADDRESS _____

CITY _____ PC _____

AGE _____ BIRTHDATE _____

PARENT/

GUARDIAN _____

PH() _____

WORK PH() _____

O.H.I.P. # _____

MEDICAL
CONCERNS _____

Program A or B

WAIVER: THE APPLICANT AGREES THAT THE SCIENCE OF SKATING AND/OR ITS PROPRIETORS AND COACHES WILL NOT BE HELD RESPONSIBLE FOR ANY ACCIDENT OR LOSS, HOWEVER CAUSED, AND ALSO AGREES TO RELEASE THE AFORMENTIONED FROM ALL CLAIMS AND/OR DAMAGES WHICH ARISE FROM ANY SUCH ACCIDENT OR LOSS.

PARENT/GUARDIAN _____

DATE _____