



**SARDIS HOCKEY ACADEMY  
APPLICATION 2014-15**



**PART 1**

**REGISTRATION**

<b>Student Name</b>	<b>Last:</b>				<b>First:</b>		
(√) <b>Grade</b>	<b>10</b> <input type="checkbox"/>	<b>11</b> <input type="checkbox"/>	<b>12</b> <input type="checkbox"/>	<b>Current School:</b>			
(√) <b>Gender</b>	<b>M</b> <input type="checkbox"/>		<b>F</b> <input type="checkbox"/>				
<b>Date of Birth</b>	<b>Year:</b>	<b>Month:</b>	<b>Day:</b>	<b>AGE:</b>			
<b>Home phone number</b>							
<b>Cell phone number</b>							
<b>Student Email address</b>							<b>@</b>
<b>Parent Email address</b>							<b>@</b>
<b>Home Address</b>						<b>Postal:</b>	
<b>Residing with</b>							
<b>Health Care Card #</b>							
<b>Family Doctor</b>						<b>Phone#:</b>	
<b>Emergency Contact</b>						<b>Phone#:</b>	

**SIGNATURES:** By signing this document, parents:

- ✓ Give permission for their son/daughter to participate in the SB Hockey Academy
- ✓ Submit a non-refundable \$200 application/administration fee with this Application Form
- ✓ Ensure that son/daughter has appropriate medical coverage
- ✓ Agree to pay the remaining fee of \$1800 (payment options: cash, cheque ,debit or credit card)

<b>Student</b>	
<b>Parent</b>	
<b>Date</b>	
<b>School of Record for 2014-2015</b>	

**FOR OFFICE USE ONLY**

- |  |   |
|--|---|
| <input type="checkbox"/> <b>PART 1</b> Registration      | <input type="checkbox"/> <b>SSS Registration Form</b> (if cross-enrolled) |
| <input type="checkbox"/> <b>PART 2</b> Commitment        | <input type="checkbox"/> <b>Birth Certificate</b> (if applicable)         |
| <input type="checkbox"/> <b>\$200 Registration fee</b>   | <input type="checkbox"/> <b>Date and Time of Application</b> _____        |
| <input type="checkbox"/> <b>Remaining fees submitted</b> | <input type="checkbox"/> <b>Cross-enrolled / Pre-Transitioned</b>         |



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**PART 2**

**APPLICANT COMMITMENT**

As a participant of the SB Hockey Academy, I am expected to adhere to the Code of Conduct for student behaviour as required by both Sardis Secondary School and the Chilliwack Bruins WHL Organization. I understand that I may be attending the Academy, and that I may be able to return to my home school for the remainder of my classes. My home school is (*circle one*: **SSS; CSS; FVDES; GWG**) for the remainder of my classes. I understand that my application will be reviewed and contact will be made with my home school for reference purposes. The Academy reserves the right to make the final decision for acceptance of my application.

If accepted to the Academy, I am required to provide my own equipment including a helmet with full-face protection for on-ice instruction and appropriate clothing/footwear for off-ice training. The program runs 10 months from September to June. I will carry the appropriate medical/accident insurance.

Since academics and work habits are key components of the Academy, I understand that I am expected to maintain a minimum of a 2.0 GPA in my courses for each term of the school year and achieve "G" or "S" for work habits. The Academy reserves the right to withdraw me from the program if I do not maintain these standards.

I, (*student's name*) \_\_\_\_\_ agree to the conditions outlined within this commitment. I understand that if I do not fulfil my commitment, I may be asked to withdraw from the Academy.

Please complete: this information will be kept on file at SSS

**I am applying to the SB Hockey Academy for the following reasons:**


**Student Signature**

**Parent Signature**

**Date**
