



**SARDIS HOCKEY ACADEMY
APPLICATION 2017-18**



PART 1

REGISTRATION

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

SIGNATURES: By signing this document, parents:

- ✓ Give permission for their son/daughter to participate in the SSS 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 or online (preferable) at <https://www.studentquickpay.com/sd33/>)

Student	
Parent	
Date	
School of Record for 2017-2018	

FOR OFFICE USE ONLY

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

