



SARDIS HOCKEY ACADEMY

APPLICATION 2025-2026



PART 1

REGISTRATION

Student Name	Last:	First:	Student #:
(√) Grade	9 <input type="checkbox"/> 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 student to participate in the SSS Hockey Academy
- ✓ Upon acceptance into the program a non-refundable \$200 application/administration fee will be added to your Student Quickpay Account
- ✓ Ensure that student has appropriate medical coverage
- ✓ Agree to pay the remaining fee of \$1300 (payment options: cash, debit or credit card or online (preferable) at <https://www.studentquickpay.com/sd33/>)

Student	
Parent	
Date	
School of Record for 2024-25	

FOR OFFICE USE ONLY

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <input type="checkbox"/> PART 1 Registration <input type="checkbox"/> PART 2 Commitment <input type="checkbox"/> \$200 Registration fee <input type="checkbox"/> Remaining fees submitted | <ul style="list-style-type: none"> <input type="checkbox"/> SSS Registration Form (if cross-enrolled) <input type="checkbox"/> Birth Certificate (if applicable) <input type="checkbox"/> Date and Time of Application _____ <input type="checkbox"/> Cross-enrolled / Pre-Transitioned |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

