

SARDIS HOCKEY ACADEMY APPLICATION 2025-2026



PART 1 REGISTRATION

| Student Name | Last: | | | First: | Student #: |
|------------------------|-------|--------|--------------|--------|------------|
| (√) Grade | 9 🗆 | 10 🗆 1 | l 1 🗆 | 12 🗆 | |
| (√) Gender | M 🗆 | | F 🗆 | | |
| Date of Birth | Year: | Mor | nth: | Day: | AGE: |
| Current School | | | | | |
| School of Record 25-26 | | | | | |
| Home phone number | | | | | |
| Parent cell number | | | | | |
| Parent Email address | | | | | |
| Home Address | | | | | |
| Residing with | | | | | |
| 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/)

| Parent Signature | |
|------------------|--|
| Date | |

• Please note if you are currently attending a school outside of our catchment area you will need to do a registration through SD #33 E-reg: https://www.sd33.bc.ca/registration



SARDIS HOCKEY ACADEMY APPLICATION 2025-2026



PART 2

APPLICANT COMMITMENT

I understand that my application will be reviewed by Jeff Grenier & Sardis Admin, and contact will be made with previous school for reference purposes, along with a hockey background check (past coaches and associates). There is a requirement for applicants to be currently active at a minimum of CHWK Minor Hockey House level. Sardis Hockey 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 from September to June. I will carry the appropriate medical/accident insurance.

As a participant of the SSS Hockey Academy, I am expected to adhere to the Code of Conduct for student behaviour as required by both Sardis Secondary School and the City of Chilliwack (Sardis Sports Complex). Since academics are a key component of the Academy, I understand that I am expected to maintain a minimum of a 2.5 GPA in my courses during my time at Sardis Secondary.

| • | , | | | | |
|--|--|--|--|--|--|
| I, (student's name) commitment. I understand that if I do not Academy. | aw me from the program if I do not maintain these standards agree to the conditions outlined within this tellfill my commitment, I may be asked to withdraw from the | | | | |
| Please complete: this information will be kept on file at SSS | | | | | |
| Current team and position? | | | | | |
| I am applying to the SSS Hockey Academy for the following reasons: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Cturdont Cinnotuno | | | | | |
| Student Signature | | | | | |
| Parent Signature | | | | | |
| i arent orginature | | | | | |
| Date | | | | | |
| Bate | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |