



# SARDIS HOCKEY ACADEMY APPLICATION 2022-23



## PART 1

## REGISTRATION

<b>Student Name</b>	<b>Last:</b>	<b>First:</b>	<b>Student #:</b>
(√) 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"/>	
<b>Date of Birth</b>	<b>Year:</b>	<b>Month:</b>	<b>Day:</b> <b>AGE:</b>
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 \$1300 (payment options: cash, cheque, debit or credit card or online (preferable) at <https://www.studentquickpay.com/sd33/>)

Student	
Parent	
Date	
School of Record for 2022-23	

### FOR OFFICE USE ONLY

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