



SARDIS HOCKEY ACADEMY APPLICATION 2023-24



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 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 2023-24	

FOR OFFICE USE ONLY

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| <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 |
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PART 2

APPLICANT COMMITMENT

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). 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; VMS; MSMS**) for the remainder of my classes. I understand that my application will be reviewed by Jeff Grenier & Sardis Admin, and contact will be made with my home 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.

Since academics and work habits (attitude and effort) are key components of the Academy, I understand that I am expected to maintain a minimum of a 2.5 GPA in my courses for each term of the school year and achieve “G” work habits prior to and during my time at Sardis Secondary. 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

Current team and position?

I am applying to the SSS Hockey Academy for the following reasons:

Student Signature

Parent Signature

Date