



# SARDIS HOCKEY ACADEMY

## APPLICATION 2024-2025



### **PART 1**

### REGISTRATION

<b>Student Name</b>	<b>Last:</b>	<b>First:</b>	<b>Student #:</b>
(√) <b>Grade</b>	9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>	<b>Current School:</b>	
(√) <b>Gender</b>	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>
<b>Home phone number</b>			
<b>Cell phone number</b>			
<b>Student Email address</b>	@		
<b>Parent Email address</b>	@		
<b>Home Address</b>	<b>Postal:</b>		
<b>Residing with</b>			
<b>Health Care Card #</b>			
<b>Family Doctor</b>	<b>Phone#:</b>		
<b>Emergency Contact</b>	<b>Phone#:</b>		

**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 before program begins or payment plan setup (payment options: cash, cheque, debit or credit card or online (preferable) at <https://www.studentquickpay.com/sd33/>)

<b>Student</b>	
<b>Parent</b>	
<b>Date</b>	
<b>School of Record for 2023-2024</b>	

#### FOR OFFICE USE ONLY

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| <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>PART 1</b> Registration</li> <li><input type="checkbox"/> <b>PART 2</b> 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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