

HOCKEY CANADA SKILLS ACADEMY

George McDougall High School



Student Name: _____
Current School: _____

E-mail Contact: _____ (mandatory)

Applicant Name: _____ **Date of Birth:** _____

Address: _____ **City:** _____

Parent's Name: _____ **Work Phone:** _____

Home Phone: _____ **Cell Phone:** _____

Province: _____ **Postal Code:** _____

T-shirt size: _____ **Hockey Jersey Size:** _____

Hockey Experience (last team played for):

Are there any special needs or conditions that we should be aware of?

No ____ **Yes** ____, **Explain:**

EMERGENCY CONTACT INFORMATION

Name: _____ **Relationship:** _____

Home telephone: _____ **Work telephone:** _____

E-mail: _____

PARENT OR GUARDIAN CONSENT

Name: _____ **Signature:** _____
Please Print

TOTAL COURSE COST: \$350 (Grade 9)

HOCKEY CANADA SKILLS ACADEMY - THE 3 R'S OF THE HOCKEY PROGRAM

RESPECT YOURSELF AND OTHERS

- give your full attention and effort during your regular classes and the hockey program
- use positive and acceptable language
- take responsibility for your actions
- no smoking, drinking, or drugs
- respect your regular teacher, ice program teachers and teammates

RESPECT LEARNING

- arrive to class on time and be prepared to learn
- ask questions and participate in discussions at appropriate times
- do all your work on time and to very best of your ability
- always have your parents phone the school that you attending if you are absent.

RESPECT THE ENVIRONMENT

- treat your personal property and that of your teammates with respect
- the arena area and dressing rooms must be kept clean

Being accepted into the Hockey Canada Skills Academy is a privilege and along with that privilege is the responsibility to act in a proper fashion. Your behavior and performance must be acceptable to all of your classroom teachers. This program is intended to improve motivation and focus in all school subjects. We expect your best efforts in all aspects of the Hockey Program, the class work, the off-ice at fitness centre and on-ice at the arena.

If you agree to all of the above, and agree to conduct yourself in a manner that is consistent with the 3 R's at George McDougall High School, please sign below.

Student signature _____ Date _____

Parent signature _____ Date _____



Dear Parents and Guardians,

The Freedom of Information and Protection of Privacy legislation came into effect for schools in the fall of 1994.

To ensure that we are complying with the legislation we ask that you please read the following information carefully. If you have any questions or concerns, please contact your school principal or the District Freedom of Information and Protection of Privacy Coordinator (948-5935 ext. 305).

MEDIA COVERAGE

It is possible that there will be media coverage of school events. That media coverage could include your child's photo, name and comments being part of a broadcast or publication. Please check the statement that expresses whether you wish your child to be involved in such coverage.

I **do not** wish my child to be involved in media coverage.

I give permission for my child to be involved in media coverage.

Parent/Guardian Name _____ Student's name _____

Parent/Guardian Signature _____ Date _____

**The Media Coverage Release is effective for the period the student is attending school in the School District unless revoked in writing by the student or his/her parent/guardian.*