



Chilliwack Middle School

Hockey Canada Skills Academy

46354 Yale Road
Chilliwack, B.C.
Canada
V2P 2R1
Phone: 604-795-5781

Application Process For Returning Students

Although applications are invited from any interested students, successful applications, meeting the established criteria, as per the HCSA License agreement, will be accepted in the order in which they are received. Please note that incomplete applications will not be considered. One of the admission requirements is a satisfactory standing in academic courses.

Please submit the following information along with your completed application form:

A minimum one-page personal letter in support of your application explaining:

- Your commitment to the program
- What your goals are for the coming year (athletic and academic)
- What your strengths are as a hockey player and/or as an athlete
- What areas you feel you need to work on
- What you hope to accomplish by participating in the **Chilliwack Middle School Hockey Canada Skills Academy Program**.
- What the CMS Hockey Skills Academy did for you both in school and in hockey

A completed application form

Upon review of your application, you will be notified if you have been selected to continue in the Chilliwack Middle School HCSA program. An interview may be required. Should you be accepted into the program, a deposit of \$200 will be due. You will be required to pay the balance of the tuition or submit post-dated cheques. See payment schedule. Please make cheques payable to: Chilliwack Middle School.

Tuition Fees: \$1200

Application Deadline: TBA

Submit Applications to:

Brad Johnston, Vice- Principal and Director of the **Chilliwack Middle School Hockey Skills Academy**
School District #33 (Chilliwack)
46354 Yale Road
Chilliwack, B.C.
Canada V2P 2R1



Chilliwack Middle School

Hockey Canada Skills Academy

46354 Yale Road
Chilliwack, B.C.
Canada
V2P 2R1
Phone: 604-795-5781

Application Form For Returning Students

Last Name: _____ First Name: _____

Birth Date: _____ (m/d/yr) Gender: _____

Address: _____ City: _____

Postal Code: _____ Phone Number: _____

Home E-mail Address: _____

Current Grade: _____ Current HCSA Jersey Colour: _____

Current Hockey Team and Level/Division: _____

Coach This Past Season: _____

Position: _____ Number of Years Playing: _____

Parent(s)/Guardians(s) 1. _____ Phone: _____

2. _____ Phone: _____

Emergency Contact: _____ Relationship: _____

Phone Number (Home): _____ (Business) _____

Please list any medical conditions that we should be aware of:

Parent/Student Authorization:

I/we certify the information given in this application is true and complete. The **Chilliwack Middle School Hockey Canada Skills Academy** will be a high profile program. Pictures of your son/daughter in program-related activities may be used for the purpose of promotion and communication of the program.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

To Be Completed by the Director of the CMS Hockey Academy

Date Received: _____

Application Components Attached

- Completed Application Form
- Personal Letter
- Letter of Recommendation (non-CMS student)
- Copy of Latest Report Card (non-CMS student)
- Copy of Birth Certificate (non-CMS student)

Accepted _____ Not Approved _____ Wait List _____

