



Application Form

Please Check One: New Student Application Returning Student Application

STUDENT INFO:

Last Name: _____ First Name: _____

Birth Date: _____ (please circle one): M / F

Address: _____ City: _____

Postal Code: _____ Phone Number: _____

Current School: _____ Current Grade: _____

School During 2019/20 (if different than above): _____

2019 Team and Level: _____

Coach Last Season: _____ Number of Years Playing: _____

Position: _____ Jersey Size: _____

PARENT/GUARDIAN INFO:

1. Name: _____ Phone (Daytime): _____

E-mail Address: _____ (Evening): _____

2. Name: _____ Phone (Daytime): _____

E-mail Address: _____ (Evening): _____

EMERGENCY CONTACT INFO:

Emergency Contact: _____ Relationship: _____

Phone (Daytime): _____ (Evening): _____

E-mail Address: _____

This Form Is Not Complete! Please Turn Over.

MEDICAL INFO:

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

PARENT/STUDENT AUTHORIZATION:

I/we certify that the information provided on this application is true and complete. If any of the information provided on this application changes in the future, I/we will inform Chilliwack Middle School immediately.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

The Chilliwack Middle School Hockey Skills Academy Program is a high profile program. I am providing permission for pictures of my son/daughter, in program-related activities, to be used for the purpose of promotion and communication of the program.

Parent Signature: _____ Date: _____

OFFICE USE ONLY

Registration package and program fee (Paid in full) - Date/Time Received: _____

Attachments Received:

- One-page Personal Letter *(Personal Letter not required for returning students)*
- Letter of Recommendation
- Most Recent Report Card
- Birth Certificate
- Signed Expectations and Commitment Form