



Skills Academy

355 Wakesiah Ave
Nanaimo, BC V9S 5K3
Ph: (250) 740-2000 Fax: (250) 740-2020

Hockey Canada Skills Academy Application Form

Please submit the following information along with your completed application form to the main NDSS office:

1. A 1-page personal letter in support of your application explaining:
 - your commitment to the program,
 - your athletic goals,
 - What you hope to accomplish by participating in the HCSA program.
2. Attach the following documents
 - **Completed application & \$100 deposit**
 - A letter of recommendation from a **recent hockey coach**
 - A letter of recommendation from a **teacher**
 - Academic History
 - A copy of your birth certificate
3. Fees and deadlines are as follows:
 - **\$800 for 2017/2018 year**
 - \$100 deposit is due March 31, 2017 with registration and non-refundable after June 1st, 2017.
 - \$700 is due on June 1, 2017 for Jr. Hockey.
 - \$700 is due on January 1, 2018 for Sr. Hockey.

The tuition covers all costs associated with ice rental, transportation, instructor honoraria, pucks, pylons, etc. and other costs incurred to operate the program. The tuition does not cover the salary of the School District teacher associated with the program. The composition of class(s) will be based on age, gender and class composition. **Fees are non-refundable.*



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NANAIMO DISTRICT SECONDARY SCHOOL

355 Wakesiah Ave

Nanaimo, BC V9S 5K3

Ph: (250) 740-2000

Fax: (250) 740-2020

Last Name: _____ First Name: _____ Gender: _____

Address: _____ City: _____

Postal code: _____ Phone No.: _____ Birthdate: _____
(dd/mm/yr)

Parent(s) / Guardian(s) 1) _____ Phone No.: _____

2) _____ Phone No.: _____

Email address: _____

Emergency Contact: _____ Relationship: _____

Phone No.: (Home) _____ (Business) _____

Current School: _____ Current Grade: _____

Current Hockey Association: _____

Current Hockey Level: _____ Position: _____

Coach This Past Season: _____ Phone No.: _____

PARENT/STUDENT AUTHORIZATION

I/we certify the information given in this application is true and complete and understand that, if selected for the HCSA program falsified statements may be reason for removal.

I authorize investigation of all information contained within this application.

The HCSA 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 for the program.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____