2017/18 DOVER BAY BASEBALL ACADEMY

APPLICATION Date received by Dover Bay Secondary:

Before submitting this application, the following checklist **MUST be complete**:

- All Sections of application completed. Please provide a copy of **your child's** last report card
  - (*for new students to the district)*
- Dover Bay Secondary School Registration Form completed.
  - Please provide a copy of **your child's** birth certificate (*for new students to the district)*
- Out**-of-**District or Non-Catchment forms completed as required

- A minimum 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 Academy**

Admission Eligibility

The Dover Bay Baseball Academy will review all applications. If there are more applicants than space permits, admission will be based on the strength of the application Coach and/or teacher references may be contacted and applicants may be interviewed.

Priority will be given first to:

1. Dover Secondary students
2. **Students enrolled in Nanaimo Ladysmith Public Schools**
3. **S**tudents outside Greater Nanaimo.

Financial Information

- Deposit Fee - Application/Administrative Fee $100.00 ***(non-refundable)***
- Please submit with this application form
- Total for 1 semester = $700

Please make cheque payable to Dover Bay Secondary School.

The fee covers all costs associated with facility rental, transportation, instructor honoraria, equipment, training aids, and other costs incurred to operate the program. The fee does not cover the salary of the teacher associated with the program.

The information on this form is collected under the authority of the School Act, Sections 13 and 79. The information on this form will be protected under the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this information, please contact the Information & Privacy Officer, School District 68, 395 Wakesiah Avenue, Nanaimo, B.C. V9R 3K6 Telephone: 250 754-5521.

SECTION A: (PERSONAL INFORMATION TO BE COMPLETED BY PARENT)

Student's Name: _____Birthdate: _____

Enrolling in **Grade** _____ Gender (circle) M F

Parent's Email Address:

_____

Home Address:

_____

Postal Code: _____Home Phone: _____

SECTION B: (EMERGENCY INFO)

Health Care Card: _____

Allergies:_____

Family Doctor:_____ Doctor's Phone:_____

Emergency Contact:_____

Relationship:_____

Contact's Home Phone:_____ Cell Phone:_____

SECTION C: (COMPLETED BY THE STUDENT)

Applicant's Baseball history: number of years playing: _____

Primary Position: _____ Secondary Position: _____

Circle the level that you are currently playing at OR played in the 2015 season:

Baseball

PBL AAA AA A A B C

Applicant signature _____

Parent signature_____

SECTION D: **(REFERENCES)**

Coach or Teacher references: _____

_____

Phone number: _____