



Vancouver Island Beach Volleyball Academy

At Nanaimo District Secondary School

The Vancouver Island Beach Academy will focus on both technical and tactical skill development of individual athletes in the sport of beach volleyball. It will be open to any students of all ability levels who wish to participate. This is also a great way for all students interested in high performance training in beach volleyball as students will train and compete against students of the same ability level.

- Where: Nanaimo District Secondary, Nanaimo Beach Courts, Island Optimal Fitness Center, Oliver Woods Community Center.
- Registration Deadline: March 31, 2017
- For more information contact NDSS at 250-740-2000

Academy Fees

- \$800 for the 2017/2018 school year.
- \$100 deposit is due by March 31, 2017 with registration. The deposit is non-refundable after June 1st, 2017.
- \$700 balance of fees is due on October 1st, 2017.
- Fees are non-refundable.

The tuition covers all costs associated with court rentals, transportation, uniform/clothing, guest coaching, and equipment. The tuition does not cover the salary of the School District teacher associated with the program.

Academy application deadline: March 31, 2017

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Beach Volleyball Skills Academy Application Form

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

1. 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 Beach Volleyball Academy
2. Attach the following documents:
 - A record of marks and attendance for the past school year (academic history may be a consideration in the selection process)
 - A copy of your birth certificate

Upon review of your application, you will be notified if you have been selected for entry into the Beach Volleyball Academy. An interview may be required.

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Last Name: _____ First Name: _____ Gender: _____

Address: _____ City: _____

Postal code: _____ Phone#: _____ Birthdate: _____

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

2. _____ Phone: _____

Email Address: _____

Emergency Contact: _____ Relationship: _____

Phone#: (Home) _____ (Business): _____

Current School: _____ Current Grade: _____

School Next Fall: _____ Grade Next Fall: _____

T-shirt Size: _____ Jacket Size: _____

PARENT/STUDENT AUTHORIZATION

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

I authorize investigation of all information contained within this application.

The BVA 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/Guardian Signature: _____ Date: _____