

DISTRICT SECONDARY ACADEMY PLAYER STATEMENT FORM



**NANAIMO LADYSMITH
PUBLIC SCHOOLS**

For more information
ereg@sd68.bc.ca
www.sd68.bc.ca

Player Name

Academy applying to **(Select 1 only)**

Hockey Soccer Beach Volleyball Lacrosse

This form MUST be completed and attached to the online registration form. (Registrations will not be accepted at the school)

Please indicate your reasons for applying to the Academy. Please include your academic and athletic goals as they connect with your involvement in the academy.

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Player Name

Please indicate your reasons for supporting your son/daughter's registration to the Academy:

Complete this additional page only if you are applying for Lacrosse Academy

CENTRAL ISLAND LACROSSE ACADEMY COACH CHECKLIST

(To be completed by a current or past coach)



Player Information

Player Name	Position(s)
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Current Lacrosse Club <i>(if applicable)</i>

Division	Level B A
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Coach Information

Name of Coach	E-mail
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Player Qualities

Skill Development

Knowledge of Game

Fitness Level

Sportsmanship

Effort

Leadership

Other

Coach Signature
