



## Britannia Hockey Academy

1001 Cotton Drive • Vancouver BC Canada • V5L 3T4

Tel: (604) 713-8266 • Fax: (604) 713-8265

Email: brithockey@vsb.bc.ca

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### Application for Enrolment

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#### Section 1 (Completed by a parent or guardian)

Student's Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Gender: \_\_\_\_\_ Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Care Card Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Parent/Guardian name(s): \_\_\_\_\_

Parent/Guardian email(s): \_\_\_\_\_

Parent Cell Phone(s): \_\_\_\_\_

Complete enrolment package attached (including copy of most recent report card):

Physician Medical Clearance form attached

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#### Section 2 (Completed by administrator of current school)

\_\_\_\_\_ has attended \_\_\_\_\_ for \_\_\_\_\_ years.  
*Student Name* *School Name*

His/Her record of attendance and good citizenship is:

Outstanding  Above average  Average  Not acceptable

Comments, if appropriate:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Administrator Name

\_\_\_\_\_  
Signature



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**Section 3** (completed by student applicant)

Please share some hockey information:

Number of years played: \_\_\_\_\_ Position: \_\_\_\_\_

Current team & level: \_\_\_\_\_ Coach's name: \_\_\_\_\_

Hockey jersey size: \_\_\_\_\_ Adult T-shirt size: \_\_\_\_\_

Shorts size: \_\_\_\_\_ Hockey Sock Size: \_\_\_\_\_

**Please attach a one page letter explaining the following:**

- Why you think you are a good candidate for the Britannia Hockey Academy
- Your recent athletic accomplishments/activities
- Your future hockey plans

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**Section 4** (completed by parent/guardian)

I am aware that the Britannia Hockey Academy complies with the Vancouver School Board policies regarding school fees.

I am also aware that Britannia Hockey Academy fees are \$160 per month for 10 months and that these fees are to be submitted according to the predetermined timeline. As such, I agree to assist my son/daughter with payment. If finances become a concern, I will speak to the academy coordinator regarding financial assistance.

The application package is complete and I hereby endorse my child's application.

\_\_\_\_\_  
Parent/Guardian Name(s)

\_\_\_\_\_  
Parent/Guardian Signature

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**Section 5** (to be completed by Britannia Hockey Academy coordinator)

Application package complete

Approved

Not approved

Waiting list

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



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### Medical Clearance and Insurance Form

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#### Section 1 (to be completed by parent/Guardian)

As a Hockey Canada Certified Skills Academy, there is insurance coverage for the academy and its certified instructors. As a precaution, we ask that include information about any extended health coverage.

Student Name: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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#### Section 2 (to be completed by a licensed British Columbia Physician)

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Given the strenuous nature of a full time program such as the Britannia Hockey Academy, does this athlete have any mental or physical ailments/injuries that should exclude them from full participation on the Britannia Hockey Academy?

Yes  No

If you answered yes to the previous question, please note concerns below :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this athlete medically cleared for full participation in the Britannia Hockey Academy?

Yes  No

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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