



# J. T. FOSTER HOCKEY ACADEMY APPLICATION



<b>Student Information</b>	
Student Name	
Date of Application	
Student Address	
Date of Birth	
Grade (fall of enrollment year)	

<b>Parent/Guardian Information</b>		
<b>Guardian 1</b>	Name/Relationship	
	Home Phone	
	Work Phone	
	Cell Phone	
	Email	
	Best Way to Contact	
<b>Guardian 2</b>	Name	
	Home Phone	
	Work Phone	
	Cell Phone	
	Email	
	Best Way to Contact	

<b>Individual Clothing Sizes</b>		
Hockey Socks	Junior 23", Intermediate 26", Adult 29", Senior 32"	
Short Sleeve T-Shirt	Youth S M L XL Adult S M L XL XXL	
Jersey	Youth S M L XL Adult S M L XL XXL	

<b>Hockey Experience</b>	
Most Recent Hockey Team	
Level and Division	
Head Coach	
Have Never Played Organized Hockey: Please explaining your experience/comfort level on the ice.	



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## Player Response

This program is intended to improve individual skills both on and off the ice. The program will run for the full school year with students participating once a week in skating, dryland training and skill development games (i.e. floorball, floor hockey). Players who sign up for this program must be willing to participate in all areas of the program. Please respond to the following question below.

What will you as a participant of this program do to ensure you are ready for class and give a full effort? Please be specific with your answer.

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*The total cost of this program is \$150 to cover insurance, HCSA attire and HC registration. Full payment of \$150 must be made by Sept. 15/2021 by cash, cheque or using School Cash payable to J. T. Foster School to reserve student enrollment.*

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Student Signature

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

