



PRINCE RUPERT MIDDLE SCHOOL

Storm Basketball Academy

Application Form

Date Received: _____

Enrolled Section: _____

School Year: _____

Student Information

Student Name: _____

Date of Birth: _____

Grade (next school year): 6 7 8

Current School: _____

Parent / Guardian Information

Parent / Guardian Name(s): _____

Phone Number: _____

Email Address: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Basketball Background

Please describe the student's basketball experience (school teams, clubs, leagues, years played, positions, or other relevant experience):

Why do you want to be part of the Storm Basketball Academy?

Athlete Commitment

The Storm Basketball Academy requires students to demonstrate:

- Regular attendance and punctuality
- Commitment to skill development and physical fitness
- Positive attitude, teamwork, and sportsmanship
- Respect for coaches, staff, teammates, officials, and opponents
- Appropriate school behavior and consistent academic effort

I understand the commitment expected of Academy athletes.

Yes No

Student Agreement

I understand that participation in the Storm Basketball Academy is a privilege. I agree to:

- Follow all academy and school rules
- Attend all scheduled practices, training sessions, and events
- Represent Prince Rupert Middle School and the Storm Basketball Academy positively at all times

Student Signature: _____

Date: _____

Parent / Guardian Consent

I give permission for my child to apply to the Storm Basketball Academy. I understand that acceptance is based on commitment and program capacity. I acknowledge the expectations and commitments outlined above.

Parent / Guardian Signature: _____

Date: _____