



**PRINCE RUPERT MIDDLE SCHOOL**

**Storm Hockey Academy**

**Application Form**

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

Enrolled  Section: \_\_\_\_\_

School Year: \_\_\_\_\_

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### Student Information

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

Date of Birth: \_\_\_\_\_

Grade (next school year):  6  7  8

Current School: \_\_\_\_\_

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### Parent / Guardian Information

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

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

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### Program Fees

The total fee for the Storm Hockey Academy is **\$750**, payable in **three instalments**:

- **First Payment: \$250 — Due June 15**
- **Second Payment: \$250 — Due June 30**
- **Final Payment: \$250 — Due September 15**

I understand and agree to the program fee and payment schedule outlined above.

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### Hockey Experience

Please describe the student's hockey experience (teams, levels, positions, years played, or other relevant information):

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

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**Athlete Commitment**

Participants in the Storm Hockey Academy are expected to demonstrate:

- Regular attendance and punctuality
- Commitment to practices, games, conditioning, and skill development
- Positive behaviour, teamwork, and sportsmanship
- Respect for coaches, staff, teammates, officials, and opponents
- Appropriate school behaviour and consistent academic effort

**I understand the commitment required to participate in the Storm Hockey Academy.**

Yes     No

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**Student Agreement**

I understand that participation in the Storm Hockey Academy is a privilege. I agree to follow all academy and school rules and to represent Prince Rupert Middle School positively at all times.

**Student Signature:** \_\_\_\_\_

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

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**Parent / Guardian Agreement**

I give permission for my child to apply to and participate in the Storm Hockey Academy. I understand the expectations, commitments, and program fees associated with this academy and agree to support my child's participation.

**Parent / Guardian Signature:** \_\_\_\_\_

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