

# Frontier Collegiate Hockey Academy

## Student Application Form



20\_\_\_\_ to 20\_\_\_\_ School Year

Application Date \_\_\_\_\_

*This form must accompany the FCI General Application Form if student is applying to live in the FCI Residence.*

The FCI Hockey Academy is a part of Frontier Collegiate. As part of the school and residence, all athletes are expected to be a student in good standing in both school and the residence to be part of the program. The program is open to male and female students regardless of their past hockey experience. The main goal of the academy is to improve hockey and leadership skill of all students involved on and off the ice.

Athletes are expected to have their own equipment and skates.

### **Student Information**

Tick the appropriate boxes: New to FCI  Returning FCI (complete school at FCI last June)  Goalie

Legal Last Name: \_\_\_\_\_ Legal First & Middle Name: \_\_\_\_\_

Male  Female  Birthdate (DD-MM-YYYY) \_\_\_\_\_

Hockey Academy Fees will be paid by: parent/guardian  band or sponsoring agency

Sponsoring Agency (if applicable) \_\_\_\_\_ Education Contact Person \_\_\_\_\_

### **Hockey Background**

Current Club Affiliation: \_\_\_\_\_

Previous Teams Played on: \_\_\_\_\_  
\_\_\_\_\_

Current Hockey Level: \_\_\_\_\_ Position Played: \_\_\_\_\_

Coach or Other Hockey/Skills Reference: \_\_\_\_\_

Contact Information for Coach or Reference – Phone Number: \_\_\_\_\_

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

Any student health issues: (allergies, conditions etc) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's (Guardian's) Signature \_\_\_\_\_ Date \_\_\_\_\_

If applicable:

\_\_\_\_\_ on Behalf of \_\_\_\_\_ Date \_\_\_\_\_  
Sponsoring Agency Rep. Signature Sponsoring Agency

#### **Check List For Complete Application:**

General FCI Application for Residence

Transcript

Informed Consent Form completed