

SERIOUS ACADEMY OF HOCKEY

APPLICATION FORM

Last Name		First Na	me	
Age DOB Day				
Address				
City	Province		PC	·
Home Phone number				
Player email	Pla	ayer Cell #		
Current or Last Team	Played For		Po:	sition
Level of Hockey Playe	ed Most Recently_			Height
Weightlbs	Shoots (right or le	eft)	Provincial H	ealth #
Name of Father		Name of N	Mother	
Home address (if diff	erent from above	•	·	·
Home Phone			ne	
Email		Email		
Name of Employer		Name of E	mployer	
Business Phone #		Business P	hone#	
Parents Marital Statu	s: MarriedSep	parated	Divorced	_Widowed
Who is the legal Guar	dian of Child: Mo	ther Fatl	her Both	·
Present School				

School Address and Phone#
Principal's Name
Present Grade
Will you be attending a Saskatoon Public or Catholic School in 2015/16 school year?
Have you ever been diagnosed with any mental health or learning challenges Yes No
If yes, check any that apply: ADD/ADHD Depression/Anxiety Anger Management
Other please explain
Current Medications
Family Doctor Phone #
Student/Player please answer the following, use back of sheet if needed.
What factors convinced you to apply to our program
Outline some of your favorite sports, hobbies and leisure time activities.
Describe any other talents for abilities you have aside from hockey (eg art, music, etc)
List any on or off ice training/skill development you did during the hockey season (eg extra shooting/stick handling, weight lifting etc)
What on or off ice training did you do this past summer?

What do you like most about the game of hockey?
What do you dislike most about the game of hockey?
Why do you want to participate in Serious Academy of Hockey program?
Describe the characteristics of a hockey player who has a good attitude.
Why is it important to have a good attitude if you want to continue developing as a player?
 a 2000.00 deposit is due at the time of registration Mailing address 114 Mendel Cres, Saskatoon, SK S7J 5J7 Email seriousacademyofhockey@gmail.com