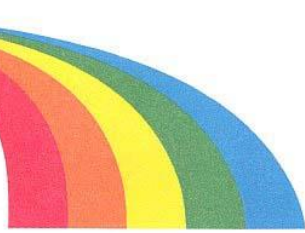


**SPECTRUM  
COMMUNITY  
SCHOOL**



***Spectrum Hockey Skills Academy***

***Application Package for the 2017/2018 School Year***

*Player position:*

*Forward*       
*Defense*      
*Goalie*    



## **HOCKEY SKILLS ACADEMY ADMISSION REQUIREMENTS**

Students and families must apply to the program. The following will serve as selection criteria:

1. Students must be in grade 8, 9, 10 or 11
2. Students must have the ability to balance a full-time educational program with a high performance training program.
3. Students must have demonstrated responsible behaviour and positive attitude.
4. Demonstrate determination, commitment and a desire to play at the competitive level.
5. Students must be playing Minor Hockey with a local hockey association.
6. If accepted, students must register as a full-time student at Spectrum.

If the above criteria are met, priority will be given to Spectrum catchment-area students.

### **APPLICATION PACKAGE INFORMATION**

Interested students must complete an Application Package consisting of:

- Student Athlete Information Form
- Student Athlete Statement
- Parent/Guardian Statement
- Coach's Reference Information
- Teacher's/Administrator's Reference Information
- A copy of most recent report card

Admission to the Hockey Skills Academy Program will be based on the strength of the application. In the case of oversubscription, a waitlist will be established. In this situation, coach and/or teacher references may be contacted and students may be interviewed. Upon acceptance to the program, students must sign a Code of Conduct and maintain acceptable academic and behaviour standards.

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

## APPLICATION CHECKLIST

- Student Athlete Information Form
- Student Athlete Statement Form
- Parent/Guardian Statement Form
- Coach's Reference Information - to be completed by a current coach, and sent directly to the school
- Teacher's/Administrator's Reference Information - to be completed by a current teacher or administrator
- Copy of most recent report card

- ***Spaces in the Hockey Program are limited; therefore applications should be submitted as early as possible.***
- ***Coach's Reference Information must be sent by the coach directly to Mr. D. Smith, Program Director, Spectrum Hockey Skills Academy.***
- ***Incomplete applications will not be considered.***

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

# **SPECTRUM HOCKEY SKILLS ACADEMY**

## **STUDENT ATHLETE INFORMATION FORM**

Spaces in the Hockey Program are limited; therefore applications should be submitted as early as possible.

### **Application Information:**

Student Athlete Name \_\_\_\_\_

Mother/Father/Guardian Names \_\_\_\_\_

Street Address \_\_\_\_\_

Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Mother Work \_\_\_\_\_ Father Work \_\_\_\_\_

Parent/Guardian e-mail address \_\_\_\_\_

Current School \_\_\_\_\_ Current Grade \_\_\_\_\_

Current Hockey Association \_\_\_\_\_

City \_\_\_\_\_ Division/Level \_\_\_\_\_

### **Athletic Achievements**

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### **Academic Achievements (please attach a copy of your most recent report card)**

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### **References**

*Hockey Coach (name, phone number, e-mail)*

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*Teacher/Administrator (name, phone number, e-mail)*

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*Note: Your references must complete the checklists: (1) Coach Checklist and (2) Teacher/Administrator Checklist*

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

**STUDENT ATHLETE STATEMENT FORM**

Please indicate your reasons for applying to the **Spectrum Hockey Skills Academy**, and include your academic and athletic goals.

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

**PARENT/GUARDIAN STATEMENT FORM**

Please indicate your reasons for supporting your son's/daughter's application to the ***Spectrum Hockey Skills Academy.***

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

(to be completed by a current coach; to be sent directly to the school)

**1. Athlete's Information**

Athlete Name \_\_\_\_\_

Position(s) \_\_\_\_\_

Current Hockey Club (if applicable) \_\_\_\_\_ Division \_\_\_\_\_

Level  A  B  House

**2. Coach's Information**

Name of Coach \_\_\_\_\_

E-mail address \_\_\_\_\_ Phone \_\_\_\_\_

**3. Athlete's Qualities**

Skill Development \_\_\_\_\_

Knowledge of the Game \_\_\_\_\_

Fitness Level \_\_\_\_\_

Dedication/Commitment \_\_\_\_\_

Attitude/Respect \_\_\_\_\_

Effort \_\_\_\_\_

Sportsmanship \_\_\_\_\_

Leadership \_\_\_\_\_

Other \_\_\_\_\_

**Coaches: Please send this directly to Spectrum Community School  
c/o Mr. Darren Smith, Program Director  
957 Burnside Road West, Victoria, B.C. V8Z 6E9  
Fax to (250) 479-8204 or e-mail dsmith@spectrumhockey.com**

\_\_\_\_\_  
Signature



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

**TEACHER'S/ADMINISTRATOR'S REFERENCE INFORMATION**

**1. Student's Information**

Name \_\_\_\_\_

Current School \_\_\_\_\_ Grade \_\_\_\_\_

**2. Teacher's/Administrator's Information**

Teacher/Administrator Name \_\_\_\_\_

e-mail address \_\_\_\_\_ Phone number \_\_\_\_\_

School at which you worked with the applicant \_\_\_\_\_

**3. Student's Qualities**

Academic Achievement \_\_\_\_\_

\_\_\_\_\_

Behaviour \_\_\_\_\_

\_\_\_\_\_

Attitude \_\_\_\_\_

\_\_\_\_\_

Dedication/Commitment \_\_\_\_\_

\_\_\_\_\_

Sportsmanship \_\_\_\_\_

\_\_\_\_\_

Leadership \_\_\_\_\_

\_\_\_\_\_

Other Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature