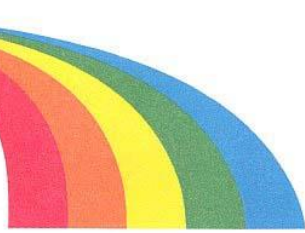


**SPECTRUM
COMMUNITY
SCHOOL**



Spectrum Hockey Skills Academy

Application Package for the 2019/2020 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

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

References

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

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

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.

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