

Hockey Academy Application



Lloydminster Public School Division
5017-46 Street, Lloydminster, AB
T9V 1R4



Application For Admission

Acceptance into the Hockey Academy is at the discretion of the school district and program staff. Limitations may be established based on the total number of participants, available classroom space and academic/athletic performance.

Student Information

Current School:

Grade Level as of September:

Student Last Name:

Student First Name:

Address:

City:

Postal Code:

Parent Email(s):

Birthdate:

Sibling(s):

Grade(s):

Emergency Contact

Home Phone:

Mother Name:

Work/Cell:

Father Name:

Work/Cell:

Registration Consent

Completed registration forms can be delivered to: LPSD Division Office (5017 46th St). Registration forms or other application inquiries can be emailed to Lance Ward at lance.ward@lpsd.ca.

The undersigned hereby give consent for the above-named student to participate in the LPSD Hockey Academy Program. We authorize access by district school administration and program directors to his/her student records. We give permission for his/her likeness to be used by media outlets and/or the division which may include audio, photographs and video.

Legal Parent/Guardian Signature:

Date:

Parent/Guardian Printed Name:

For Office Use Only:

Approved

Declined

Hockey Academy Fee Payment



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Hockey Academy Fee's

Hockey Academy Fee's for the current year total \$1950/per child and then \$1750/per each additional sibling enrolled in Hockey Academy.

A \$400/per child deposit is required to confirm registration. The remaining balance can be paid by monthly installment or full fee payment, choosing one of the following payment options.

All payment arrangements must be provided before the start of the school year.

Payment Options

<input type="checkbox"/> Cheque		<input type="checkbox"/> Credit Card
ONE CHILD Please provide 10 post-dated cheques for \$155 each , totalling \$1550.00	EACH ADDITIONAL CHILD Please provide 10 post-dated cheques for \$135 each , totalling \$1350.00	Please complete the attached form: Hockey Academy Credit Card Authorization ONE CHILD = \$155/MONTH EACH ADDITIONAL CHILD = \$135/MONTH Payments are processed monthly for 10 Months
Make cheques payable to: Lloydminster Public School Division		<input type="checkbox"/> Cash/Interac
Reference the student(s) name in the memo of each cheque.		Available for full fee payment only. Please visit us at Division Office to complete payment.

Please return completed form(s) and payment to:
LPSD Division Office
5017 46th Street
Lloydminster, AB

Account Information

- Students are **not** considered registered in Hockey Academy until payment arrangements have been received.
- Statement of Account and payment receipts will be mailed out monthly.
- Overdue Accounts** - 60 days overdue, you will be contacted to arrange payments options.
- 90 days overdue, the student will be suspended from the Hockey Academy program until account is brought up to date.

For any issues regarding Hockey Academy Fee Payment please contact:

Charlene Kvill - Finance Coordinator

Email: charlene.kvill@lpsd.ca

Phone: 780-808-2548

Hockey Academy Credit Card Authorization



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Student Last Name:

Student First Name:

Payment Schedule: Payments will be processed on the 1st Friday of every month.

CREDIT CARD: VISA MASTERCARD AMEX

CREDIT CARD NUMBER _____

EXPIRATION DATE _____ CVV # _____

CUSTOMER'S NAME (as it appears on the credit card) _____

BILLING ADDRESS (must be the exact billing address as it appears on the Credit Card Statement):

Address

City

Province

Postal Code

I authorize **Lloydminster Public School Division** to charge my credit card **monthly** for payment of services. If Lloydminster Public School Division is unable to process my payment, I will be responsible for an alternate payment arrangement and any resulting processing fees that may be incurred. This authorization is in effect until I notify Lloydminster Public School Division otherwise, in writing or until amount owing is paid in full.

By signing this authorization, I acknowledge that I have read and agree to all of the above information and warrant all information provided is true and correct. **THIS AGREEMENT REMAINS IN EFFECT UNTIL SERVICES HAVE BEEN PAID IN FULL.**

Cardholder's Signature

Date



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Apparel Sizing form

Student Name: _____ M/F _____

Grade Level Sept. 2017: _____ Current height: _____

Students will all receive 1 set of the apparel listed below. The LPSD Hockey Academy Apparel comes with no additional cost to the families. Students are expected to have these items with them for every Academy session. Lost or Misplaced items can be replaced at an additional cost.

*Families are able to order additional apparel in late September. More information to follow.

Please see the chart below and pick a size for your child.

- Premium Practice Jersey Youth _____ Mens _____
- Premium Sport T-Shirt Youth _____ Mens _____
- Premium Sport Shorts Youth _____ Mens _____

Bauer Apparel Sizing Chart								
Men's Sizing								
Size	Chest		Waist		Seat		Height	
	IN	CM	IN	CM	IN	CM	IN	CM
XS	35-36	88.9-91.4	27-28	68.6-71.1	34-35	86.4-88.9	5'1"-5'5"	154.9-165.1
S	37-38	94.0-96.5	29-30	73.7-76.2	36-37	91.4-94.0	5'5"-5'9"	165.1-175.3
M	39-40	99.1-101.6	31-33	78.7-83.8	38-39	96.5-99.1	5'9"-5'11"	175.3-180.3
L	41-43	104.1-109.2	34-35	86.4-88.9	41-42	104.1-106.7	5'11"-6'1"	180.3-185.4
XL	44-46	111.8-116.8	36-37	91.4-94.0	43-44	109.2-111.8	6'1"-6'3"	185.4-190.5
XXL	47-49	119.4-124.5	38-40	96.5-101.6	45-47	114.3-119.4	6'3"-6'5"	190.5-195.6
Youth Sizing								
Size	Chest		Waist		Seat		Height	
	IN	CM	IN	CM	IN	CM	IN	CM
XS (5-6)	24-26	61.0-66.0	22 1/2-23 1/2	57.2-59.7	24 1/2-25 1/2	62.2-67.3	4'0"-4'2"	121.9-127.0
S (7-8)	26-29	66.0-73.7	23 1/2-24 1/2	59.7-62.2	26 1/2-28 1/2	67.3-72.4	4'2"-4'7"	127.0-139.7
M (10-12)	29-32	73.7-81.3	24 1/2-25 1/2	62.2-64.8	28 1/2-30 1/2	72.4-77.5	4'7"-4'11"	139.7-149.9
L (14-16)	32-34 1/2	81.3-87.6	25 1/2-27 1/2	64.8-69.9	30 1/2-33 1/2	77.5-85.1	4'11"-5'4"	149.9-162.3
XL (18)	34 1/2-35 1/2	87.6-90.2	27 1/2-29 1/2	69.9-74.9	33 1/2-35 1/2	85.1-90.2	5'4"-5'6"	162.3-167.6

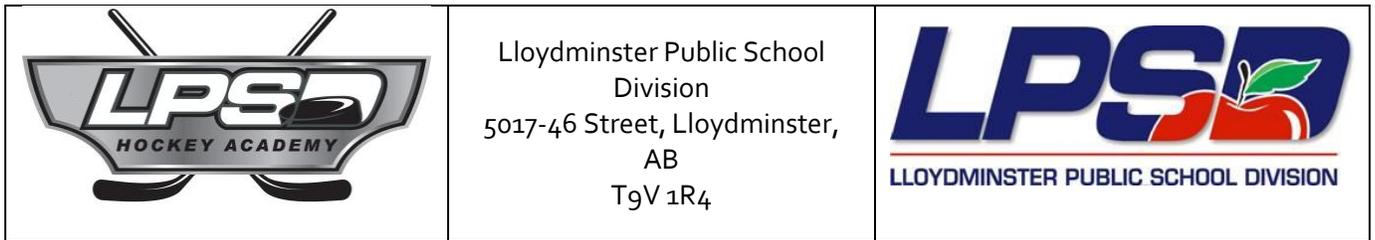
Please Note: This sizing chart is for reference only and may not reflect personal preference.

How to measure for a good fit:

CHEST: Measure around the fullest part of your chest, keeping the tape firmly under your armpits and around your shoulder blades.

WAIST: Measure around the natural waist (where your body creases leaning to the left or right).

SEAT: Measure around the fullest part of the seat.



AND



Alta-Sask Wellness

Rehab • Medical • Occupational • Training

Lloydminster	#3 5202 - 12 Street	780-875-2044 (Rehab)	780-875-9258 (Medical)	780-875-0080
Cold Lake	4910 - 50 Avenue	780-594-6993		780-594-6990
Meadow Lake	#2 120 Centre Street	306-236-6711		306-236-6700

LPSD Hockey Academy has signed a service agreement with Alta-Sask Wellness to provide injury treatment services for our Athletes for the 2017-2018 season. This is not an exclusive agreement but we are working together to get our athletes timely, professional injury assessment and treatment in an organized manner.

Alta-Sask Wellness is able to provide a full array of services including:

- Medical Doctors
- Physical Therapists
- Kinesiologists
- Massage Therapy
- Athletic Therapists
- Custom and Sport Bracing

*All services can be performed at the Servus Sports Center location and appointments can be scheduled around the Hockey Academy schedule.

As you all know through the course of an athletic season injuries do occur and proper assessment and timely access to treatment are a necessity in returning our athlete safely back to practice and competition. In order to complete at a high level throughout our season Alta-Sask has developed a program that we are confident will enable us to achieve our goal.

By signing below you are authorizing LPSD to share your child's name and email address (provided at registration) with Alta-Sask Wellness. This will help expedite services in case of injury.

Print Name: _____

Signature: _____

If your child is injured, please contact Alta-Sask Wellness to book an appointment.