



HOCKEY TRAINING INSTITUTE

APPLICATION FOR ADMISSION
756028 2nd Line East, Mulmur, ON, L0N 1S8
Tel: 705-828-5385 Email: info@hockeytraininginstitute.com
www.hockeytraininginstitute.com

PARENT / ATHLETE FORM

Date of Application: _____

Applicant's Name: _____

Address: _____

Home Phone: _____

Alternate Number: _____

Date of Birth (dd/mm/yyyy): _____

Nickname: _____

Place of Birth: _____

Citizenship: _____

Social Insurance Number: _____

Health Card No.: _____

Primary Language: _____

Is Applicant Adopted: _____

Child's Height: _____ Weight: _____

Hair colour: _____ Eye Colour: _____

Identifying Marks: _____

Name of Applicant's Legal Guardian: _____

Emergency Contact: _____

Father's Name: _____ Mother's Name: _____

Occupation: _____ Occupation: _____

Employer Address: _____ Employer Address: _____

Email: _____ Email: _____

Name of Siblings and ages: _____

Applicant lives with: Mother Father Both Other _____

Where should admission materials and, bills be sent? _____

Address: _____

Check all that apply:

- Father is Deceased Parents Divorced Father Remarried
- Mother is Deceased Parents Separated Mother Remarried

If the parents are separated or divorced, who has the legal custody of the applicant: _____

Address if different then above for any parent of child: _____

ACADEMIC / HOCKEY INFORMATION

Program (check box)

Boarding: 8 month (Hockey/Academic) 6 month (Hockey/Academic) 6 month (Hockey/PG)

Desired Year of Admission (circle): 2015 2016 2017

Have YOU ever repeated a grade: _____ If YES, which grade(s): _____

School Last Attended: _____ Grade: _____

School District/System: _____

Address: _____

Took SAT Test on: _____ Will take SAT Test in the future: _____

OEN #: _____ Most recent school transcript attached to application

Require English as a Second Language course: Yes No

Has your child missed school at any point in his/her academic career for a prolonged period of time? ____

If YES, Please provide explanation to the occurrence: _____

Are there any courses that your child is exempt from? _____

What are you child's hobbies or interests?

Indoor: _____

Outdoor: _____

How did you hear of Hockey Training Institute (HTI): _____

HOCKEY

Last Team Played for: _____

Position: _____ Shot (L/R): _____ Height: _____ Weight: _____

Last Year's League/Level: _____

Coach's Name: _____ Phone: _____

Coach's E-Mail: _____

Last Year's Statistics: GP _____ G _____ A _____ PTS _____ GP _____ GAA _____ Save% _____

Please describe what kind of player you are: _____

Where do you see yourself in the next 3-4 years? _____

List any hockey awards and achievements you might have received: _____

Please tell us why you think Hockey Training Institute (HTI) is the right place for you:

MEDICAL / INSURANCE COVERAGE

Medical Information:

Note: This form is kept confidential and for use by program staff only.

ALL PLAYERS ARE ADVISED TO ARRIVE MEDICAL INSURANCE FOR ONTARIO.

List any medical conditions significant to your child's well-being: _____

Family Physician: _____ Physician's Telephone: _____
Ontario Health Card No: _____

Religion: _____ Date of Last Needles: _____
Allergies: _____

Are you currently taking any medications we need to be made aware of? (Dietary restrictions or refrigeration needs) Yes No

If Yes, Please describe any details our staff will need to be aware of: _____

Does your child have any medical conditions that could affect full participation in the programs activities both on and off the ice? Yes No

If Yes, Please describe any details our staff will need to be aware of: _____

Is your child currently receiving any medication: Yes No

If YES, you will be provided with additional medication forms to complete.

Does your child have any allergies? Yes No

If Yes, Please describe any details our staff will need to be aware of: _____

Does your child have special dietary requirements due to allergies, religion and/or medical concerns? (Gluten free, cannot eat pork, vegetarian)

- If YES, please complete the appropriate dietary form.
- No

Insurance Form:

I have the following health and accident insurance covering my child:

Name: _____

Policy Number/Provider: _____

Many hospitals are reluctant to provide medical services to children unless they have a written release from parents or guardians. In the absence of such permission, they insist that a call be made to parents. Occasionally parents cannot be reached and treatment may have to be withheld for a longer period than should be necessary.

In order that your child may receive immediate care in case of any medical emergency, we ask you to sign the form below authorizing treatment. In case of emergency, we would make every effort to be in touch with you, or course.

To Whom it May Concern: I hereby authorize the staff Hockey Training Institute (HTI) to obtain or provide appropriate medical treatment for my son or daughter during the time when he or she is in attendance at HTI. In the event of an accident or emergency, I authorize the staff to obtain medical, surgical and hospital services.

Signed: _____ Date: _____



Payment Options:

Deposit of \$ 5,000 CDN, is due upon acceptance into the program. Final payment is due by September 1. Please contact our office to discuss payment plan. A final invoice with payment dates and our bank information will be sent out with an acceptance letter.

Delinquency of payment can result in immediate removal from all athletic and academic programs.

Extended Payment Plan:

A minimum 50% of the tuition must be paid by September 1. All extended payments must be completed by December 1.

Payments are accepted in the form of Visa, MasterCard, cheque, money order or wire transfer.

Please make cheques payable to **Hockey Training Institute International**. Cheques and money orders should be mailed to: 756028 2nd Line East, Mulmur, ON, L0N 1S8

Cancelation Policy:

In the event that it is necessary for a registrant to cancel, a refund will be granted (excluding a \$2,000.00 cancelation fee) if canceled before May 1st. There are no refunds on cancelations after May 1st.

** Extra fees: IIHF and USA Hockey transfer fees might apply to non-Canadian players. Please contact our office to find out the exact amount for each player.

Damages Deposit

Student/Players will be responsible for any damages done to their rooms. A credit card number on file will be required as a damage deposit. Charges for damages will be processed to the credit card.

Scholarships

Scholarship opportunities are based on the player’s academic and athletic performance and are discussed with each player and his/her family on a private basis.

Who is Financially Responsible for the fees?

Name: _____

Telephone: _____

Application Statement

I, the undersigned, have read, and understand the registration policies put forth by Hockey Training Institute (HTI) and are signing for my son/daughter:

Student/Player’s Signature

Parent’s Signature

Date

Date

WAIVER FORM

Acknowledging that there is a great risk involved, including the potential for permanent paralysis and death, with participation in any sport, I agree that Hockey Training Institute (HTI), its agents, servants, employees, and consultants shall not liable to me for any injury or damage resulting directly or indirectly from any participation in ice skating, ice hockey, or other program activities, where incurred on the ice or otherwise in or about the buildings and properties. I further agree that I discharge HTI, its agents, servants, employees, and consultants from all actions, claims and demands I may have for any injury or damage. I understand that my said agreement, release and discharge, shall bind my heirs, legal representatives and assigns and shall inure to the benefit to HTI, its agents, servants, and consultants and their successors and assigns. It is further agreed that HTI does not and shall not be considered to guarantee or warrant such equipment as may be used in the condition of said program.

HTI reserves the right to use any pictures, video or other media taken during the school for advertising and/or instructional purposes. In the event that the player is injured during the operation of the program permission is given for their transportation as needed to a medical practitioner/facility at my expense.

We strongly recommend that all players have a physical examination prior to their participation in the program.

- HTI players will only be allowed to play for HTI teams and will only attend on-ice and off-ice training supervised by HTI staff during the hockey season. Special cases (i.e. National Team events) will need to be cleared with the HTI coaching staff.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, AND FULLY UNDERSTAND ITS TERMS, I FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ X _____
Participants Signature Print Name

X _____
Date Signed

FOR PARTICIPANTS OF MINORITY AGE (UNDER THE AGE OF 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his release as provided above of all the Releases and, for myself, my heirs, assigns, and next of kin. I release and agree to indemnify the releases from any and all liabilities incident to my minor child's involvement or participation in their program as provided above.

X _____ X _____
Parent's Signature of Minor Print Name

X _____
Date Signed



TRAVEL INFORMATION

Student/Player Name: _____

Date Arriving: _____ Travelling By: Car Train Plane

Details for Airport Pick up:

Airline: _____ Flight# _____

Arriving From: _____ Arrival Time: _____

Please Note: All pick-ups at the airport are done between the hours of 10am and 9pm and are only made at Toronto Pearson international Airport.

Departure for Airport Drop Off:

Airline: _____ Flight# _____

Departing To: _____ Departure Date & Time: _____

Please Note: All drop-offs at the airport are done between the hours of 10am and 9pm and are only made at Toronto Pearson international Airport.

Details for Bus Pick-Up

Barrie Bus Station: _____ Bus# _____

Arriving From: _____ Arrival Time: _____

*Please Note: All players arriving by car are to use the following address for driving directions:
756028 2nd Line East, Mulmur, ON, L0N 1S8*

Fieldtrip/Activity Consent Form:

This form is required for all players under the age of 18, who will be participating in any group planned or personal activities while at the Hockey Training Institute (HTI).

I, _____ give my son/daughter, _____
Parent's name Player's name

permission to attend/participate in any (check one or both)

planned field trips/activities

unplanned personal activities, during his/her participation in the program.

X _____ X _____ X _____
Parents Signature of Minor Print Name Date

TRAVEL INFORMATION (Continued)

Travel expenses for pick-ups and drop-offs within the designated hours of 10am and 9pm are included in the tuition. Anyone who requires transportation outside of the above mentioned time frame will be charged an extra fee of \$100.00.

We require at least 72hours notice if any student/player will be going home for any weekend. Any transportation needed outside of this may be at the student/players own expense. Should any student/player require transportation for an outing in the evenings or weekend, it should be arranged through the main office at least within 48 hrs notice.

Please find below the contact information for the Simcoe Airport Service, which we have found to have the best rates: <http://www.simcoecountyairportservice.ca/>

Other then transportation to and from games and practices, the only other transportation that will be provided is:

- Pick up from Pearson international Airport or the Barrie Bus or Train Station at the beginning of the season.
- Drop off to Pearson International Airport or the Barrie Bus or Train Station for Christmas holidays
- Pick up from Pearson international Airport or the Barrie Bus or Train Station after Christmas Holidays
- Pick up and drop off to Pearson International Airport for a University recruiting trip
- Drop off to Pearson International Airport or the Barrie Bus or Train Station after the season is complete
- Scheduled team functions