



PURSUIT OF EXCELLENCE

2007 - 2008

APPLICATION FORM

Last Name _____ First Name _____ Age _____

D.O.B. Day ___ Month _____ Year _____ Gender: Male ___ Female ___

Name of Parent/Guardian _____

Address _____

City _____ State/Province _____ Zip/PC _____

Phone: Bus. _____ Home _____ Cellular _____

E-mail Address _____ Emergency Phone # _____

Current or Last Team Played For _____ Position _____

Level of Hockey Played Most Recently _____ (AAA, AA Etc)

How did you first become aware of the Pursuit of Excellence program?

Internet search ___ Edge of Excellence Summer Skating Camp ___

Past Pursuit Player/Family ___ Friend ___

Hockey Magazine/Publication ___ If so, which one _____

Other _____

What factors convinced you to apply to our program? _____

Height _____ Weight _____ lbs Shoot (Left or Right) _____

Health Ins # _____ Company _____

Current School Attending _____ Grade _____

Special Educational Programs participating in (eg French Immersion):

Describe how you have been doing academically over the last 2 years (e.g. grades in general / difficulty with a particular subject etc.)

Attach an “Academic History Package”, which includes the following;

1. A school transcript of the player’s grades for the **previous 2 years and the current school year to date**. Transcript must show letter grades as well as percent. The transcripts must also show any comments from learning assistance, counselors, and teachers.
2. For the current school year, a course description, with topics covered for each course.
3. Include the following information on the school; website address, school name and phone number, email address, and the Ministry of Education phone number.

State the names and ages of any brothers and sisters.

Outline some of your favorite sports, hobbies and leisure time activities.

Describe any other particular talents or abilities you have aside from hockey (eg art, music, track and field etc)

List any awards, honors or achievements in relation to any sport, hobby or other interests, including hockey

Outline any past or present injuries, surgeries or health conditions. List here any allergies you may have. Please be specific and honest. We may require completion of a medical report prior to acceptance.

Current Medications _____

Family Doctor _____ Phone # _____

Are you required to wear glasses for any reason? _____

When were your eyes last examined and what were the results?

Outline any on or off-ice training/ skill development you did during the hockey season. (eg extra shooting / stickhandling, weight lifting etc

What off or on-ice training did you do this past summer?

Describe mentally how you prepare for your games.

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 the Pursuit of Excellence program?

How would you feel about not playing in an organized minor hockey league next season?

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?

For players who would be residing away from home, have you ever been away from home before? Yes ___ No ___

If yes, how long were you away and was this difficult for you?

Please comment as honestly and objectively as possible on your skills in the following areas:

A Skating

1 Forward skating

2 Backward skating

3 Crossovers

4 Agility (ability to maneuver on the ice)

5 Balance

6. Quick Starts

7. Speed

B Stickhandling (Hands)

C Shooting

- 1. Wrist shot _____
- 2 Slap shot _____
- 3. Backhand _____
- 4 Hardness _____
- 5 Accuracy _____
- 6. Quick Release _____

D Passing

E Overall Quickness

F Positional Play

G Hockey Smarts (ability to read the ice/think/react on the ice)

H Concentration and Focus (intensity)

I Physical Condition

J Work Ethic (effort)

K Attitude

L Hitting and Aggressiveness (toughness)

M Face Offs

N Specialty Teams

O Defensive Play

P Offensive Play

Q On Ice Discipline

R Team Player

S Finish checks

TO BE COMPLETED BY PARENT/GUARDIAN:

My child will ____ will not ____ require a family to reside with during the program.

(If applicable) We are not residents of the Kelowna area but we would like to make our own arrangements for our child to stay with the following family: (State name, address, and phone number) _____

Should my child leave the program at anytime before completion, I understand that the above payments are still due and owing except upon production of a letter from a duly qualified medical practitioner which states that, because of physical injury or health condition, the child is unable to continue on in the program to its completion or, unless for academic reasons the player should not continue.

CONSENT/ WAIVER

I hereby consent on behalf of myself/ my child to participate in the Pursuit of Excellence program at my risk. I further consent to the Edge of Excellence using any pictures/video taken during the course of the program activities for brochures or other marketing purposes without charge. I understand and agree that the Edge of Excellence, David Roy, any employees/ representatives of the Edge of Excellence or persons hired by it will not be held responsible for accident, injury or loss or damage, however caused including negligence of the said parties and I hereby release the said parties from all claims, damages, actions, loss and expenses which may arise as a result of the accident, injury, loss or damage to my child or myself. I have read and understand this waiver.

Signature of Parent/Guardian _____ Date _____

PLEASE NOTE: 1) A \$1,000 application fee (Canadian funds) must accompany this application. If your son/daughter is not accepted, the said application fee will be returned forthwith. All fees are in Canadian funds. Your cheque should be made payable to **Edge of Excellence**, and your cheque and application should be mailed to: **Edge of Excellence, PO Box 21009 (Orchard Park), Kelowna, BC V1Y 9N8.**

2) If your son/daughter is accepted into our program, and it is subsequently discovered that this acceptance was based, in part, on information received which was false, or misleading, or you omitted to provide pertinent information which might have affected our decision to accept this player, such player may be removed from the program forthwith without refund.