



2020-21 COEUR D'ALENE HOCKEY ACADEMY APPLICATION FORM

PLAYER INFORMATION

FIRST NAME: _____ LAST NAME: _____ MI: _____

PLAYER HOMETOWN (CITY/STATE): _____ SS#: _____

D.O.B. (D/M/Y): ____/____/____ AGE: _____ GENDER: _____ PLACE OF BIRTH: _____

CITIZENSHIP: _____ CURRENT GRADE/YEAR: _____

CELL #: _____ EMAIL ADDRESS: _____

CURRENT SCHOOL: _____ GPA: _____

HOW DID YOU HEAR ABOUT COEUR D'ALENE HOCKEY ACADEMY? _____

WHAT SCHOOL ARE YOU PLANNING ON GOING TO THIS SEASON? _____

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN NAME #1: _____ RELATIONSHIP TO PLAYER: _____

HOME #: _____ CELL #: _____ WORK #: _____

EMAIL ADDRESS: _____ SS#: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP/POSTAL CODE: _____

PARENT/GUARDIAN NAME #2: _____ RELATIONSHIP TO PLAYER: _____

HOME #: _____ CELL #: _____ WORK #: _____

EMAIL ADDRESS: _____ SS#: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP/POSTAL CODE: _____

PARENT/GUARDIAN NAME #3: _____ RELATIONSHIP TO PLAYER: _____

HOME #: _____ CELL #: _____ WORK #: _____

EMAIL ADDRESS: _____ SS#: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP/POSTAL CODE: _____



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MEDICAL HISTORY INFORMATION

INJURIES (PAST & PRESENT): _____

PAST SURGERIES: _____



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ACADEMIC RECORDS

PRESENT SCHOOL: _____ LOCATION: _____

ADDRESS: _____ PHONE NO: _____

SCHOOL WEBSITE: _____

CURRENT GRADE: _____

YEAR CUMALATIVE GPA: 2017/18 SCHOOL YEAR _____

YEAR CUMALATIVE GPA: 2016/17 SCHOOL YEAR _____

YEAR CUMALATIVE GPA: 2015/16 SCHOOL YEAR _____

PLEASE INCLUDE THE FOLLOWING RECORDS WITH YOUR APPLICATION:

- FULL ACADEMIC TRANSCRIPTS – 2 YEAR HISTORY
- COPY OF PLAYERS' CURRENT SEMESTER COURSE LIST

LAST SEASON'S PLAYER STATISTICS

POSITION: _____ HEIGHT: ___' ___" WEIGHT: _____ LBS. SHOT: RIGHT LEFT

LAST TEAM: _____ LEVEL ('AAA', 'AA', ETC.): _____

COACH'S NAME: _____ COACH'S PHONE: _____

FORWARD/D-MEN:

GAMES PLAYED: _____ GOALS: _____ ASSISTS: _____ POINTS: _____ PIM'S: _____

GOALTENDERS:

GAMES PLAYED: _____ GA: _____ GAA: _____



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AT COEUR D'ALENE HOCKEY ACADEMY, WORK ETHIC IS ONE OF THE MOST IMPORTANT (IF NOT THE MOST IMPORTANT) KEY TO SUCCESS AND IS STRESSED TO PLAYERS ON A DAILY BASIS. WHAT IS YOUR DEFINITION OF WORK ETHIC AND GIVE TWO EXAMPLES OF HOW YOUR WORK ETHIC HAS RESULTED IN A POSITIVE RESULT/OUTCOME IN YOUR LIFE:

TO BE COMPLETED BY PARENT/GUARDIAN

MY CHILD WILL _____ WILL NOT _____ REQUIRE A BILLET FAMILY TO RESIDE WITH DURING THE PROGRAM.

PLEASE MARK THE FOLLOWING IF APPLICABLE:

_____ WE ARE NOT RESIDENTS OF THE COEUR D' ALENE AREA BUT WOULD MAKE OUR OWN HOME ARRANGEMENTS FOR OUR CHILD TO STAY WITH THE FOLLOWING FAMILY: (STATE NAME, ADDRESS, AND PHONE NUMBER)



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_____ WE WOULD MOVE TO THE COEUR D'ALENE AREA FOR THE DURATION OF THE TIME OUR CHILD IS IN THE COEUR D'ALENE HOCKEY ACADEMY PROGRAM:

_____ WE WOULD BE WILLING TO BILLET PLAYERS IF WE MOVE TO COEUR D' ALENE.

IF SO, HOW MANY PLAYERS? _____

WOULD YOU BE BRINGING YOUR OWN VEHICLE TO DRIVE? YES _____ NO _____

SHOULD MY CHILD LEAVE THE PROGRAM AT ANYTIME BEFORE COMPLETION, I UNDERSTAND THAT THE PAYMENTS AS OUTLINED IN THE PARENT CONTRACT ARE STILL DUE AND OWING.

PLEASE NOTE:

1) ONCE COEUR D'ALENE HOCKEY ACADEMY HAS REQUESTED A COMMITMENT FROM A PROSPECTIVE PLAYER AND THE PROSPECTIVE PLAYER'S FAMILY HAS MADE A DECISION TO COMMITMENT TO THE **2020-21** COEUR D'ALENE HOCKEY ACADEMY PROGRAM, A COMMITMENT AGREEMENT MUST BE SIGNED AND A **\$4,000.00 DEPOSIT (US FUNDS)** MUST BE MAILED TO: **COEUR D'ALENE HOCKEY ACADEMY, 212 W. IRONWOOD DRIVE, SUITE D #122 COEUR D'ALENE, ID 83814.** THE COMMITMENT WILL BE FULLFILLED ONCE COEUR D'ALENE HOCKEY ACADEMY HAS RECEIVED YOUR SIGNED COMMITMENT AGREEMENT AND DEPOSIT CHECK HAS BEEN NEGOTIATED.

2) IF YOUR SON/DAUGHTER IS ACCEPTED TO 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.

SIGNATURE OF PARENT/GUARDIAN

DATE

SIGNATURE OF PARENT/GUARDIAN

DATE

PLEASE MAIL YOUR APPLICATION TO:
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