

2022 - 2023

MEI Hockey Academy

Application Form



- ☐ MEI Enrolled Student Hockey Player (MEI student gets first priority)
- ☐ Non-MEI Student Hockey Player (If there is room)

Last Name: _____ First Name: _____

DOB: _____ Gender: _____ Parents Name: _____

Address: _____

Phone Number: _____ E-mail Address: _____

Current School: _____ Current Grade: _____

Current Level: (exp. Atom A1, A2, A3, Rec, Pond, H3, H4): _____ Position: _____ Years played: _____

Elementary School Grade 1-5 \$2,250 \$225/mth	Middle School Grade 6-8 \$2,250 \$225/mth	High School Grade 9-12 \$1,500 \$250/mth
<input type="checkbox"/> 10 month program (Sept-June) Tue/Thr 7:15-8:15am	<input type="checkbox"/> 10 month program (Sept-June) Mon/Wed 7:15-8:15am	<input type="checkbox"/> Second Semester (Jan – June) Period 4 (4 credits)
<input type="checkbox"/> Part Time Player (1 ice per week) \$1,750 \$175/mth	<input type="checkbox"/> Part Time Player (1 ice per week) \$1,750 \$175/mth	
<input type="checkbox"/> Goalie Fee \$500 1 time payment	<input type="checkbox"/> Goalie Fee \$500 1 time payment	

Parent/Student Authorization:

I/we certify the information given in this application is accurate.

Parent Signature: _____ Date: _____

Please drop off the following at the MEI Elementary School Office:

- ☐ Completed Application Form
- ☐ *Non-refundable \$50 Processing Fee (Payable to MEI Schools)
- ☐ Pre-Authorized Debit (PAD) form with void cheque attached
- OR -
- ☐ Pay In Full (Cheque, Cash or Credit Card Authorization Form)

Non-MEI Players: (Based on availability)

- ☐ \$250 Non MEI Fee (refundable if space not available)

To be completed by the Director of the MEI Hockey Academy

Date Received _____ ☐ Accepted ☐ Not Accepted ☐ Waiting Pool



MEI Schools

4081 Clearbrook Rd

T 604.859.3700

Administration &

Abbotsford, BC

F 604.859.9206

Finance Office

V4X 2M8

meischools.com



2022-2023 CREDIT CARD PAYMENT AGREEMENT

HOCKEY ACADEMY APPLICATION FEE

Please complete this form if you would like to pay your child(ren)'s Hockey Academy fees by credit card.

I hereby authorize MEI Schools to charge my credit card, specified below, for the payment of fees.

Payor's Name: _____

Address: _____

Phone #: _____

Student's Name (Last, First)

Grade

Hockey Academy Fee

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Credit Card information:

Visa / MasterCard #: _____

Expiry Date: _____ / _____ CVV / CVC # _____ (3 digit number on the back of the credit card)

Card Holder's Name: _____

Card Holder's Signature: _____ Date: _____

MEDICAL INFORMATION SHEET

Name: _____

Date of birth: Day _____ Month _____ Year _____

Address: _____

Postal Code: _____

Telephone: (____) _____ Cell: (____) _____

Provincial Health Number (optional): _____

Parent/Guardian #1: Name _____

Business Phone Number: (____) _____

Parent/Guardian #2: Name _____

Business Phone Number: (____) _____

Alternate emergency contact (if parents are not available)

Name: _____

Relationship to Player: _____

Telephone: (____) _____ Cell: (____) _____

Doctor's Name: _____

Telephone: (____) _____

Dentist's Name: _____

Telephone: (____) _____

Date of last complete physical examination: _____

Before a player participates in a hockey program it is recommended that they have a medical and that they also have any medical condition or injury problem checked by their family physician

Please check the appropriate response and provide details below if you answer "Yes" to any of the questions.

Yes ☐ No ☐ MedicationYes ☐ No ☐ AllergiesYes ☐ No ☐ Previous history of concussionsYes ☐ No ☐ Fainting or seizure during or after physical activityYes ☐ No ☐ Near fainting or BrownoutsYes ☐ No ☐ Seizures and/or epilepsyYes ☐ No ☐ Wears glassesYes ☐ No ☐ Are lenses shatterproofYes ☐ No ☐ Wears contact lensesYes ☐ No ☐ Wears dental applianceYes ☐ No ☐ Hearing problemYes ☐ No ☐ AsthmaYes ☐ No ☐ Trouble breathing during exerciseYes ☐ No ☐ Heart ConditionYes ☐ No ☐ Palpitations or Racing HeartYes ☐ No ☐ Family history of heart diseaseYes ☐ No ☐ Family history of unexpected death during physical activityYes ☐ No ☐ Family history of unexplained death of a young personYes ☐ No ☐ Diabetes – Type 1 _____ Type 2 _____Yes ☐ No ☐ Wears medical information bracelet/necklace For what purpose? _____Yes ☐ No ☐ Health problem that would interfere with participation on a hockey teamYes ☐ No ☐ Has had an illness that lasted more than a week and required medical attention in the past yearYes ☐ No ☐ Has had injuries requiring medical attention in the past yearYes ☐ No ☐ Been admitted to hospital in the last yearYes ☐ No ☐ Surgery in the last yearYes ☐ No ☐ Presently injured Injured body part: _____Yes ☐ No ☐ Vaccinations up to date Date of last Tetanus Shot: _____Yes ☐ No ☐ Hepatitis B vaccination

Please give details if you answered "Yes" to any of the above. (Use separate sheet if necessary)

Medications: _____

Recent injuries: _____

Allergies: _____

Any information not covered above: _____

Medical conditions: _____

I understand that it is my responsibility to keep the team Safety Person advised of any change in the above information as soon as possible. In the event of a medical emergency and that no one can be contacted, team management will arrange to take my child to the hospital or a physician if deemed necessary. I hereby authorize the physician and nursing staff to undertake examination, investigation and necessary treatment of my child. I also authorize release of information to appropriate people (coach, physician) as deemed necessary.

Date: _____

Signature of Player: _____

Date: _____

Signature of Parent or Guardian: _____

Disclaimer: Personal information used, disclosed, secured or retained by Hockey Canada will be held solely for the purposes for which we collected it and in accordance with the National Privacy Principles contained in the Personal Information Protection and Electronic Documents Act as well as Hockey Canada's own Privacy Policy.



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Tel: 604-859-3700
www.meischools.com
www.meihockey.com

Payment Schedule and Policy

The fees for the ten-month program are:

Level	MEI Student	Part Time Player
Elementary (Grade 1-5)	\$2250	\$1750
Middle School (Grade 6-8)	\$2250	\$1750
High School (Grade 9-12)	\$1500	
Goalie Fee (Grade 3-8 only)	\$500 (onetime payment)	

Payment Options

- Payment in full by cheque or credit card; or
- Payment by pre-authorized debit collected on the 15th day of each school month (September to June). Therefore, those choosing this option will make ten equal payments in the following amounts:

Level	MEI Student
Elementary (Grade 1-5)	\$225/mth (10 months)
Elementary Part Time Player (Grade 3-5)	\$175/mth (10 months)
Middle School (Grade 6-8)	\$225/mth (10 months)
Middle School Part Time Player (Grade 6-8)	\$175/mth (10 months)
High School (Grade 9-12)	\$250/mth starting Jan 15 th (6 months)

Payment Policy

- Parents are required to make suitable payment arrangements before the school year begins and no later than August 15.
- Monthly payments must be made by pre-authorized debit. The Pre-Authorized Debit Agreement Form is attached.
- Any monthly payments returned NSF's will be subject to a \$25 administration charge.
- Student fees are non-refundable **except** for students who withdraw from the Academy due to relocation out of the area or for medical conditions authorized by a doctor.
- Tuition and Hockey Academy accounts are expected to be in good standing in order to maintain registration in the Academy. Continued failure to keep these accounts up-to-date may result in the student being asked to leave the Academy.
- If a family is unable to comply with the above policies, they must communicate with the Program Director and alternative arrangements may be made if extenuating circumstances exist.



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MEI Hockey Academy Pre-Authorized Debit (PAD) Agreement

1. Customer Information *(Please print clearly)*

First and Last Name(s): _____ / _____ Complete

Address: _____ Telephone: _____

Email: _____

Payment is made by: ☐ an Individual ☐ a Business

Student's Name: _____

Grade: _____

Student's Name: _____

Grade: _____

2. Bank Account Information *(Please include a VOID cheque)*

Account Number: _____ (maximum 12-digits)

Branch Number: _____ (5-digits) Institution Number: _____ (3-digits)

Financial Institution: _____

Branch Location: _____

3. Pre-Authorized Debit Details

I/We authorize Mennonite Educational Institute Society (operating as MEI Schools) to debit the bank account identified above as per my/our instructions for monthly recurring payments and/or one-time payments from time to time, for payment of fees arising under my/our MEI Hockey Academy fees account. Regular monthly payments for participation in the MEI Hockey Academy will be debited to my/our account on the 15th day of each month or the next business day (September to June). **I/we hereby waive the standard pre-notification period.**

I/We may revoke this authorization at any time and it will remain in effect until I/we provide MEI Finance Office notification of its change or termination. This notification must be received at the school address provided above no less than ten (10) business days before the next debit is scheduled. I/we may obtain more information on my/our rights to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca. Please contact the Finance Office for all reimbursements.

Account Holder Signature: _____ Date: _____

Account Holder Signature: _____ Date: _____



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HOCKEY ACADEMY FEES

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I hereby authorize MEI Schools to charge my credit card, specified below, for the payment of fees.

☐ Annual: One payment on September 1, 2022

Payor's Name: _____

Address: _____

Phone #: _____

Student's Name (Last, First)	Grade	Hockey Academy Fee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Credit Card information:

Visa / MasterCard #: _____

Expiry Date: _____ / _____ CVV / CVC # _____ (3 digit number on the back of the credit card)

Card Holder's Name: _____

Card Holder's Signature: _____ Date: _____