

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	Middle School	High School
Grade 1-5 \$2,500 \$250/mth	Grade 6-8 \$2,500 \$250/mth	Grade 9-12 \$1,650 \$275/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) \$1,900 \$190/mth	<input type="checkbox"/> Part Time Player (1 ice per week) \$1,900 \$190/mth	
<input type="checkbox"/> Goalie Fee \$700 1 time payment	<input type="checkbox"/> Goalie Fee \$700 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



**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 <input type="checkbox"/> No <input type="checkbox"/> Medication  | Yes <input type="checkbox"/> No <input type="checkbox"/> Asthma   | Yes <input type="checkbox"/> No <input type="checkbox"/> Health problem that would interfere with participation on a hockey team                         |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Allergies   | Yes <input type="checkbox"/> No <input type="checkbox"/> Trouble breathing during exercise                                      | Yes <input type="checkbox"/> No <input type="checkbox"/> Has had an illness that lasted more than a week and required medical attention in the past year |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Previous history of concussions                       | Yes <input type="checkbox"/> No <input type="checkbox"/> Heart Condition  | Yes <input type="checkbox"/> No <input type="checkbox"/> Has had injuries requiring medical attention in the past year                                   |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Fainting or seizure during or after physical activity | Yes <input type="checkbox"/> No <input type="checkbox"/> Palpitations or Racing Heart   | Yes <input type="checkbox"/> No <input type="checkbox"/> Been admitted to hospital in the last year  |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Near fainting or Brownouts                            | Yes <input type="checkbox"/> No <input type="checkbox"/> Family history of heart disease  | Yes <input type="checkbox"/> No <input type="checkbox"/> Surgery in the last year  |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Seizures and/or epilepsy                              | Yes <input type="checkbox"/> No <input type="checkbox"/> Family history of unexpected death during physical activity            | Yes <input type="checkbox"/> No <input type="checkbox"/> Presently injured<br>Injured body part: _____   |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Wears glasses   | Yes <input type="checkbox"/> No <input type="checkbox"/> Family history of unexplained death of a young person                  | Yes <input type="checkbox"/> No <input type="checkbox"/> Vaccinations up to date<br>Date of last Tetanus Shot: _____                                     |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Are lenses shatterproof                               | Yes <input type="checkbox"/> No <input type="checkbox"/> Diabetes – Type 1 _____ Type 2 _____                                   | Yes <input type="checkbox"/> No <input type="checkbox"/> Hepatitis B vaccination   |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Wears contact lenses                                  | Yes <input type="checkbox"/> No <input type="checkbox"/> Wears medical information bracelet/necklace<br>For what purpose? _____ |  |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Wears dental appliance                                |   |  |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Hearing problem                                       |   |  |

**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.*



4081 Clearbrook Rd.  
Abbotsford, BC  
V4X 2M8

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)	\$2500	\$1900
Middle School (Grade 6-8)	\$2500	\$1900
High School (Grade 9-12)	\$1650	
Goalie Fee (Grade 3-8 only)	\$700 (onetime payment)	

### Payment Options

- Payment in full by cheque or credit card; or
- Payment by pre-authorized debit collected on the 15<sup>th</sup> 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)	\$250/mth (10 months)
Elementary Part Time Player (Grade 3-5)	\$190/mth (10 months)
Middle School (Grade 6-8)	\$250/mth (10 months)
Middle School Part Time Player (Grade 6-8)	\$190/mth (10 months)
High School (Grade 9-12)	\$275/mth starting Jan 15 <sup>th</sup> (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](http://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](http://www.cdnpay.ca). Please contact the Finance Office for all reimbursements.

Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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 FEES

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.**

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: \_\_\_\_\_