

2023 – 2024 MEI Hockey Academy Application Form



Last Name: _____ First Name: _____

DOB: _____ Gender: _____ Parents Name: _____

Address: _____

Phone Number: _____ E-mail Address: _____

Current School: _____ Current Grade: _____

Current Level: (exp. U6, U8, U9, U11, A1, A2, A3, Rec, Christian League): _____ Position: _____ Years Played: _____

Jersey Size: YS / YM / YL / YXL / AS / AM / AL / AXL / Goalie Cut (circle one)

Sock Size: XS / S / M / L / XL (circle one)

Elementary School	Middle School
<input type="radio"/> Grade 1-3 (U9) <input type="radio"/> Grade 4-5 (U11) \$2,550	<input type="radio"/> Grade 6-7 (U13) <input type="radio"/> Grade 8-9 (U15) \$2,550
<input type="checkbox"/> 7 month program (Sept-March) Tue/Thr 7:15-8:15am	<input type="checkbox"/> 7 month program (Sept-March) Mon/Wed 7:15-8:15am
<input type="checkbox"/> Goalie Fee \$750 1 time payment	<input type="checkbox"/> Goalie Fee \$750 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 & Medical Form
- *Non-refundable \$50 Processing Fee (Payable to MEI Schools)
- \$250 MEI Hosting Fee (Non-MEI Students)
- Pay In Full (Cheque, or Credit Card Authorization Form)

For Office Use Only
Processing Fee _____
Payment Method _____
Accepted _____



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
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
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
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.



MEI Schools Finance & Administration

4081 Clearbrook Road Abbotsford, BC V4X 2M8

T 604.859.3700 F 604.859.9206

EMAIL: finance@meischools.com

Customer#
(Office Use)

HOCKEY ACADEMY APPLICATION PAYMENT FORM

To pay your MEI Hockey Academy Non-refundable Processing Fee payment via credit card, complete this form and submit with your registration package. If form is not completed, a cheque must accompany registration package.

Customer Information/Player Fee Payer (Please print clearly)

Payer's Legal Name (Last, First, Initial) _____ , _____

OR

Payer's Business Name _____

Mailing Address _____

Telephone Contact _____

Email _____

Student's Name (Last, First) _____ Grade (In Sept) _____

_____ Grade (In Sept) _____

Credit Card Information

Amount: **\$50.00**

VISA/Mastercard # _____

Expiry Date ____/____ CVV/CVC# _____ (3 digits on back of card)

Card Holder's Name _____

*Card Holder Signature _____ Date _____

Signature authorizes Terms & Conditions

*TERMS & CONDITIONS

I/we authorize Mennonite Educational Institute Society (operating as MEI Schools) to debit the credit card identified above as per my/our instructions for one-time player registration fee. Payment will be processed as form submission is received by the finance office. **I/we hereby waive the standard pre-notification period.**

I/We have certain recourse rights if any payment does not comply with this agreement. For example, I/we have the right to receive reimbursement for any transaction that is not authorized or is not consistent with this Payment 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 at finance@meischools.com.



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Customer Information/Player Fee Payer (Please print clearly)

Payer's Legal Name (Last, First, Initial) _____ , _____

OR

Payer's Business Name _____

Mailing Address _____

Telephone Contact _____

Email _____

Student's Name (Last, First) _____ Grade (In Sept) _____

_____ Grade (In Sept) _____

Credit Card Information

Amount: _____

VISA/Mastercard # _____

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