



2025 – 2026 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: _____

Elementary School	Middle School
<input type="radio"/> Grade 1-5	<input type="radio"/> Grade 6-8
\$150 application fee + \$1500 player fee	
7-month program (Sept-March) Wednesday 7:15-8:15am Ice Time at Summit Centre Wednesday lunch time Gym Hockey and Character building @ MEI Busing from Summit Centre included Free rental of jersey and socks Year end pizza party for players Professional On Ice Development Coaches Goalie Instructor at every ice time Equipment storage key available for \$20 hold fee Hoodies Optional for additional cost \$50/player (sizing down on first day)	
<input type="checkbox"/> Goalie Fee \$150 1-time payment (no application fee required)	

Parent/Student Authorization:

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

Parents Signature: _____ Date: _____

Please Note:

- **Non-refundable** \$150 Application Fee
- Include payment form

Please drop off the completed application form and medical form to the Elementary Office



MEI Schools 4081 Clearbrook Rd T 604.859.3700
Administration & Abbotsford, BC F 604.859.9206
Finance Office V4X 2M8 meischools.com

2025-2026 CREDIT CARD PAYMENT AGREEMENT

HOCKEY ACADEMY APPLICATION & PLAYER 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.