



## **2024/25 Hockey Skills Academy – Application (Integrated Group)**

### **Program Start and End Date**

- September 4, 2024, through the January 25, 2025
- Students will be registered for the hockey program for 2 (**A&B**) of their 4 blocks

### **Instructors**

- All on-ice staff are certified coaches with Hockey Canada and/or Can-Skate
- Primary hockey on-ice instruction is led by former NHL/ College/ Jr. players.
- Power Skating classes conducted by an elite level skating instructor.
- Personalized goalie instruction provided 3 on-ice 2 off-ice sessions per week.
- All off-ice fitness/P.E. programs are led by certified fitness professionals.
- Classroom instruction will be monitored by a high school level SD-22 teacher.

### **Weekly Program (20 Weeks)**

- 4.5 Hours of on-ice skills instruction per week.
- On ice instruction is custom designed to quickly enhance Minor Hockey development.
- A combined (3.0 Hrs) of off-ice skills/S&C sessions and in-classroom learning (1.0 Hr).

### **School Credit**

- Students will receive both Hockey Principles & Physical Education (P.E.) credit via vLearn.

### **Transportation**

- OTE tuition covers midday bussing, which is provided to or from Priest Valley facilities to Vernon area high schools by contracted SD22 bus service. Families are to provide morning block drop off (8:30 a.m.) or afternoon block pickup (3:00) at Priest Valley facilities.

### **Equipment**

- Students will be responsible to supply all their own hockey equipment.
- Equipment must meet Canadian Hockey Association Standards
- Note there is no overnight storage of equipment available or permitted at the arena.

### **Student Eligibility**

- This integrated program is open to male or female hockey players attending Grades 8-12
- This program will accept a maximum of 24 skaters and 4 Goalies.
- Returning students receive priority on enrolment acceptance



### Selection Criteria - Basic

- Students must be in good standing with both their school and minor hockey association.
- Students without prior hockey experience and basic skating ability will not be eligible.

### Application Deadlines

- Applications are to be received **no later than March 29, 2024**, accompanied by post dated deposit cheque or deposit e-transfer (see Program Cost below) c/o of **info@samtasc.ca**
- Program acceptance notification will be given on or before April 15, 2024.
- A priority wait list will be established if enrolment is full as of April 30, 2024.
- Deposit cheques will be cashed for only those accepted and confirmed into the program.
- **NB:** Deposit funds are 100% non-**refundable** once student acceptance is confirmed with parents and deposit cheque/payments have been finalized. (See your Financial Pledge)

### Program Cost\*

- Cost of the 2024/25 program is \$2995.00 (+ 5% GST).
- Deposit payment for March 15<sup>th</sup>, 2023, of \$834.75 (\$795.00 + \$39.75 GST) must accompany all applications. Application will not be date stamped without receipt of deposit.
- The outline of payment schedule (cheque or e-transfer) is as follows.
  - **March 29th \$795.00 (+ 5% GST or \$39.75) = \$834.75 (Your Deposit)**
  - July 1st \$385.00 due (\$366.67.00 + 5% GST)
  - August 1st \$385.00 due
  - September \$385.00 due
  - October 1st \$385.00 due
  - November 1st \$385.00 due
  - December 1<sup>st</sup> \$385.00 due

\*International student fees are due in full to SD22 International Admissions by July 1, 2024

### Application Process

Please submit completed application, along with your deposit payable to

#### **On The Edge Hockey Academy,**

c/o Sam Mowat, Academy Director  
589 Mt. Moberly Place  
Coldstream B.C.  
V1B3Y1

**Application Questions?** Contact Sam Mowat at **info@samtasc.ca** or **250 550-4046**



### **Personal Information**

Student Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell Phone : \_\_\_\_\_

Work Phone: \_\_\_\_\_ Parent/Family E-Mail Address: \_\_\_\_\_

### **Emergency Contact Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Are there any special needs, medical conditions or needed medications we should be aware of?

No \_\_\_\_\_ Yes, please explain \_\_\_\_\_

\_\_\_\_\_

### **School & Hockey Information**

**2024/25** Planned SD-22 High School \_\_\_\_\_ Entering Grade \_\_\_\_\_

Current **23/24** Hockey Team \_\_\_\_\_ Position \_\_\_\_\_ Shot L / R (Please circle)

Required Adult Jersey Size for Fall 2024 (Please circle one) XL L M S Goalie (XXL)

### **Method of Payment**

Cheque (made out to ON THE EDGE) or e-transfer c/o **info@samtasc.ca**



## STUDENT APPLICATION INPUT

In your own handwriting please answer the following questions

- 1) Your long-term hockey aspirations \_\_\_\_\_  
\_\_\_\_\_
- 2) Your hockey aspirations for this coming season \_\_\_\_\_  
\_\_\_\_\_
- 3) Your #1 reason for attending this year's academy \_\_\_\_\_  
\_\_\_\_\_
- 4) The three highest priority skills you believe you need to focus on \_\_\_\_\_  
\_\_\_\_\_
- 5) The NHL player do you feel you look up to the most. Why? \_\_\_\_\_  
\_\_\_\_\_
- 6) Your most favourite hockey experience to date \_\_\_\_\_  
\_\_\_\_\_
- 7) Your least favourite hockey experience to date \_\_\_\_\_  
\_\_\_\_\_
- 8) If you were coaching a hockey academy, what would you see as the most important thing you could provide the players? \_\_\_\_\_  
\_\_\_\_\_



## Student Pledge

### **I will respect myself and all others by**

- ✓ providing my full attention and effort during all school and hockey activities.
- ✓ not using profanity or making derogatory comments, to others, in person or online.
- ✓ taking full responsibility for my own actions and maximizing the safety of all others.
- ✓ NOT smoking, chewing tobacco, drinking alcohol, misusing stimulants, or taking any illegal/banned substances.
- ✓ respecting my instructors, teachers, teammates and facility staff and visitors.

### **I will respect my learning opportunity by**

- ✓ arriving to classes and ice sessions on time and fully prepared to learn.
- ✓ getting involved and asking questions if I don't understand something.
- ✓ submit my assignments on time and done to the best of my ability.
- ✓ Advise the school in advance when I will be absent from any program.

### **I will respect all property or facilities by**

- ✓ Treat my own property and that of all others with respect.
- ✓ Keeping all facilities clean and tidy.
- ✓ Following all rules of my school, The Academy, and the facilities we use.

**Your acceptance into ON THE EDGE Hockey Academy is a privilege and comes with a responsibility for you to always behave in an appropriate manner. By signing this document, you attest to have read and understood your obligations to your school, teachers, instructors, Parks and Recreation staff and visitors, as well as any facilities we may use.**

If you agree please provide your name and signature below.

Student Name \_\_\_\_\_  
Please print

Student Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



## Parent Financial Pledge (READ CAREFULLY)

**ON THE EDGE** Premier Hockey Academy runs on a very strict budget. Our single-minded goal is to bring the highest quality skills program at the best possible delivered price. Elite hockey development does not need to cost as much as a quality new car each year. Therefore, significant investments are made up front each year at OTE to provide the proper facilities, reliable SD22 transportation, top-level instructors, and leading-edge training tools to deliver the highest quality and value-based program available. No expense is made on low-payback activities/materials. At OTE, we define payback as directly building your child's hockey skill toolbox.

Therefore, student cancellations will directly affect our ability to deliver on our promise to you and to the program. It is our expectation, that as a fully committed supporter of OTE, you recognize and accept your full financial obligations up front. **Please read this carefully.**

- ✓ Sports and other associated activities and/or any unassociated activities outside OTE all come with injury risk. I fully accept 100% of that risk on behalf of my child. I recognize and accept that OTE cannot be held financially accountable for this injury risk.
- ✓ I recognize and fully accept that I cannot hold the OTE Academy responsible for any financial re-imbursement if I decide to withdraw my child from the program due to any reason. Whether that be injury, illness, re-location, choice to attend another Academy or for any other reason. If I withdraw my child from this program between April 1 and December 1st, 2024, I fully accept that that once a student offer is accepted, I forfeit the full amount of any and all cheques that have been cashed or payments made up to or at that time. I understand and accept that absolutely no refunds will be provided.
- ✓ Families with students attending schools outside the OTE Transportation grid or those home schooled will not be compensated for additional travel costs incurred to attend OTE. The OTE transportation grid includes only VSS, Fulton, Kalamalka, and Seaton,
- ✓ Any loss or charge assigned the Academy because of confirmed damage or theft caused by my child will be covered in full by me.

**By signing this Parents Pledge you attest to have read, fully understood, and accept your full financial obligations to the OTE Academy and its teachers, instructors, facilities, Parks and Recreation staff and any visitors.** If you agree please provide your name and signature below

Student Name \_\_\_\_\_

Please print

Parent Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



## 2024/25 Parents Authorization

For all students attending **OTE Hockey Academy** this Fall (2024), there is now a new requirement by SD-22 for signatures of both parents on the application.

Each parent must please read, acknowledge, and sign below.

By signing this document, I authorize my child to be registered and attend the 2024/25 On The Edge Hockey Academy Program as outlined in the application above.

\_\_\_\_\_  
Childs Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date signed (dd/mm/year)

\_\_\_\_\_  
First Parent's Name

\_\_\_\_\_  
Second Parent's Name

\_\_\_\_\_  
First Parent's Signature

\_\_\_\_\_  
Second Parent's Signature

Thank-you for your help in meeting this SD22 Academy application criteria.

Kindest Regards,

**Sam Mowat** - Director, OTE Hockey Academy