



## PURSUIT OF EXCELLENCE

### APPLICATION FORM

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Age \_\_\_\_\_

D.O.B. Day \_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/PC \_\_\_\_\_

Phone: Bus. \_\_\_\_\_ Home \_\_\_\_\_ Cellular \_\_\_\_\_

E-mail Address \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

Current or Last Team Played For \_\_\_\_\_ Position \_\_\_\_\_

Level of Hockey Played Most Recently \_\_\_\_\_ (AAA, AA Etc)

How did you first become aware of the Pursuit of Excellence program?

Internet search \_\_\_ Edge of Excellence Summer Skating Camp \_\_\_

Past Pursuit Player/Family \_\_\_ Friend \_\_\_

Hockey Magazine/Publication \_\_\_ If so, which one \_\_\_\_\_

Other \_\_\_\_\_ POE Staff \_\_\_\_\_

What factors convinced you to apply to our program? \_\_\_\_\_

\_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ lbs Shoot (Left or Right) \_\_\_\_\_

Health Ins # \_\_\_\_\_ Company \_\_\_\_\_

Present School \_\_\_\_\_

Present Grade \_\_\_\_\_ Grade entering \_\_\_\_\_

Special Educational Programs participating in (eg French Immersion, IEP):

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Describe how you have been doing academically over the last 2 years (e.g. grades in general / difficulty with a particular subject etc.)

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Attach an “Academic History Package”, which includes the following;

1. A school transcript of the player’s grades for the **previous 2 years and the current school year to date**. Transcript must show letter grades as well as percent. The transcripts must also show any comments from learning assistance, counselors, and teachers.
2. For the current school year, a course description, with topics covered for each course.
3. Include the following information on the school; website address, school name and phone number, email address, and the Ministry of Education phone number.
4. A letter of recommendation from your present Principal or school counselor.

State the names and ages of any brothers and sisters.

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Outline some of your favorite sports, hobbies and leisure time activities.

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Describe any other particular talents or abilities you have aside from hockey (eg art, music, track and field etc)

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List any awards, honors or achievements in relation to any sport, hobby or other interests, including hockey

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Outline any past or present injuries, surgeries or health conditions. List here any allergies you may have. Please be specific and honest. We may require completion of a medical report prior to acceptance.

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Current Medications \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Are you required to wear glasses for any reason? \_\_\_\_\_

When were your eyes last examined and what were the results?

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Outline any on or off-ice training/ skill development you did during the hockey season. (eg extra shooting / stickhandling, weight lifting etc

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What off or on-ice training did you do this past summer?

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Describe mentally how you prepare for your games.

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What do you like most about the game of hockey?

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What do you dislike most about the game of hockey?

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Why do you want to participate in the Pursuit of Excellence program?

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Describe the characteristics of a hockey player who has a good attitude?

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Why is it important to have a good attitude if you want to continue developing as a player?

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For players who would be residing away from home, have you ever been away from home before? Yes \_\_\_ No \_\_\_

If yes, how long were you away and was this difficult for you?

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\_\_\_\_\_  
\_\_\_\_\_

**TO BE COMPLETED BY PARENT/GUARDIAN:**

My child will \_\_\_ will not \_\_\_ require a billet family to reside with during the program.

(If applicable) We are not residents of the Kelowna area but we would like to make our own arrangements for our child to stay with the following family: (State name, address, and phone number) \_\_\_\_\_

(If applicable) We will be moving to the Kelowna area for the duration of the time our child is In the Pursuit of Excellence Program: (State name, address and phone number of local address) \_\_\_\_\_

Should my child leave the program at anytime before completion, I understand that the above payments are still due and owing.

**CONSENT/ WAIVER**

I recognize that there are inherent risks of serious injury to my child participating in the game of hockey, as well as the on and off-ice training and other activities involved in this Academy.

I hereby consent on behalf of myself, and my child, to participate in the Pursuit of Excellence program at our risk. I further consent to the Pursuit/Edge of Excellence using any pictures/video taken during the course of the program activities for brochures or other marketing purposes without charge. I understand and agree that the Pursuit/Edge of Excellence, David Roy, any employees/ representatives of the Pursuit/Edge of Excellence or persons hired by it will not be held responsible for accident, injury or loss or damage, however caused, and I, on my own behalf, and on behalf of my said child do hereby release the said parties from all claims, damages, actions, loss and expenses which may arise as a result of the accident, injury, loss or damage to my child or myself. I have read and understand this waiver.

Signature of Parent/Guardian \_\_\_\_\_ Dated \_\_\_\_\_

Signature of Parent/ Guardian \_\_\_\_\_ Dated \_\_\_\_\_

**PLEASE NOTE:** 1) A \$5,000 application fee (Canadian funds) must accompany this application. If your son/daughter is not accepted, the said application fee will be returned forthwith. All fees are in Canadian funds. Your cheque should be made payable to **Pursuit of Excellence**, and your cheque and application should be mailed to: **Pursuit of Excellence, 3446 Spectrum Ave Kelowna , BC V1V 2Z6.**

2) If your son/daughter is accepted into our program, and it is subsequently discovered that this acceptance was based, in part, on information received which was false, or misleading, or you omitted to provide pertinent information which might have affected our decision to accept this player, such player may be removed from the program forthwith without refund.