

# Cariboo Hill / SFU Field Lacrosse Academy - Application-Registration Form 2018-2019

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<p><b>STUDENT INFORMATION</b></p> <p>Last Name: _____ First Name: _____</p> <p>Address: _____</p> <p>City: _____ Postal Code: _____ Home Phone: _____</p> <p>Parent Cell Phone: _____ Student Cell Phone: _____</p> <p>Student E-mail: _____</p> <p>Parent E-mail: _____</p> <p>Clothing Sizes (Adult XS/S/M/L): Jacket = ____ Pants = ____ T-Shirt = ____ Shorts = ____</p> <p><small>* Note: Late applicants may not necessarily receive selected sizes.</small></p>	<p>Birth Date: _____</p> <p>Current School: _____</p> <p>Current Grade: _____</p>
<p><b>STUDENT MEDICAL INFORMATION (BC Residents)</b></p> <p>BC Care Card #: _____ (must provide)</p> <p>Emergency Contact Name: _____ Phone: _____</p>	<p><b>MEDICAL HISTORY</b></p> <p><small>Please list any allergies, med. conditions, medications etc...</small></p>
<p><b>NON-BC Residents:</b> Out of Province <input type="checkbox"/> Medical #: _____</p> <p>Travel Insurance <input type="checkbox"/> Insurance Provider: _____ (must provide prior to start date)</p>	
<p><b>ACADEMY FEE (please review payment information)</b></p> <p>Academy fee is payable by cheque or credit card. Upon acceptance into the Academy a \$400 deposit is required.</p>	
<p><b>ACADEMY DEPOSIT</b></p> <p>The Academy deposit is non-refundable after acceptance into the Academy, unless the student applicant is deemed not academically or athletically suitable for the Academy by the Academy/School staff.</p>	
<p><b>PARENT CONSENT</b></p> <p>I hereby grant my child named _____ permission to participate in the Cariboo Hill/Simon Fraser University (SFU) Field Lacrosse Academy and, in the event of an accident or injury, authorize Cariboo Hill/Simon Fraser University to provide or cause to be provided such medical services, as deemed appropriate. The Cariboo Hill/SFU Field Lacrosse Academy reserves the right to refuse further participation to any participant for rule infractions.</p> <p><input type="checkbox"/> Yes, I give Cariboo Hill/Simon Fraser University my consent to take photographs or videos of my child and reproduce such photographs or videos for use in School District/University promotional materials or publications.</p> <p><input type="checkbox"/> Yes, I understand the <b>Refund Policy</b>.</p> <p>Signature of Parent/Guardian _____ Relationship to Student _____ Date _____</p> <p>The information on this form is collected under the authority of the <i>University Act</i> (R.S.B.C. 1996, c.468, s. 27(4)(a)). It is related directly to and needed by the School/University to administer and operate the Field Lacrosse Sport Academy including registration, payment of fees and obtaining parental consent. The participant's BC Care Card number and relevant medical history is needed in the event of an accident or injury. The information will be used to register participants, receive fee payments and issue refunds, apply parental consent and facilitate the provision of medical services in the event of an accident or injury to a participant. If you have any questions about the collection and use of this information please contact the Coordinator, Recreation and Athletics, Simon Fraser University, 8888 University Drive, Burnaby, BC, V5A 1S6, 778-782-5434.</p>	

<b>Academy Information</b>
for internal use only
Date received: _____
Date approved: _____
<b>PAYMENT INFORMATION</b>
<b>Deposit Payment (\$400 Mandatory upon acceptance)</b>
CREDIT CARD: VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/>
# _____ / _____ / _____ / _____
NAME on CARD: _____
EXPIRY DATE _____ / _____ (MM/YY)
Signature: _____
<b>Annual Payment Options (Please choose A or B)</b>
<b>A. Lump Sum (\$2300 less deposit)</b>
CREDIT CARD: VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/>
CARD # _____ / _____ / _____ / _____
NAME on CARD: _____
EXPIRY DATE _____ / _____ (MM/YY)
Signature: _____
<b>B. Monthly Payment Options (\$230/month + dep)</b>
CREDIT CARD: VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/>
CARD # _____ / _____ / _____ / _____
NAME on CARD: _____
EXPIRY DATE _____ / _____ (MM/YY)
Signature: _____

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**PLAYER PROFILE:**

Date	Club Team	Level	Position(s)
2016-2017			
2017-2018			

Other (e.g. Select program, School, etc.):

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Brief Description of Player Goals (e.g. wants to develop as a player & person; wants to play college field lacrosse, etc.):

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