


Cariboo Hill / SFU Field Lacrosse Academy - Application-Registration Form 2021-2022

EMAIL: Andy.Chin@burnabyschools.ca Attn: Andy Chin, Principal



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|--|---|--|
| STUDENT INFORMATION Last Name: _____ First Name: _____ Address: _____ City: _____ Postal Code: _____ Home Phone: _____ Student Cell Phone: _____ Parent Cell Phone: _____ Student E-mail: _____ Parent E-mail: _____ | | Birth Date: _____ Current School: _____ Current Grade: _____ School Next Year: _____ Current Date: _____ |
| STUDENT MEDICAL INFORMATION (BC Residents) BC Care Card #: _____ (must provide) Emergency Contact Name: _____ Phone: _____ | MEDICAL HISTORY <i>Please list any allergies, med. conditions, medications etc...</i> | for internal use only Date received: _____ Date approved: _____ |
| NON-BC Residents: Out of Province <input type="checkbox"/> Medical #: _____ Travel Insurance <input type="checkbox"/> Insurance Provider: _____ (must provide prior to start date) | | |
| ACADEMY FEE Academy fee is payable by cheque or credit card. \$2350/year, monthly payment option available. | |  |
| PARENT CONSENT 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. <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. Signature of Parent/Guardian _____ Relationship to Student _____ Date _____ The information on this form is collected under the authority of the <i>University Act (R.S.B.C. 1996, c.468, s. 27(4)(a))</i> . 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. 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. | | |

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PLAYER PROFILE:

| Date | Club Team | Level | Position(s) |
|-----------|-----------|-------|-------------|
| 2019-2020 | | | |
| 2020-2021 | | | |
| | | | |

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

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

