



## Soccer Academy Registration Guidelines

Beginning in September of 2012, the North Vancouver School District formed a partnership with the North Shore Girls' Soccer Club to offer a Soccer Academy at Windsor Secondary School. The Soccer Academy provides for the participation of all students, male and female, regardless of their soccer experience.

Students who register for the academy must be attending or have registered for a North Vancouver School District school.

**Note:** Registration in the Soccer Academy will not affect a player's ability to play on their home school's soccer team.

The program will consist of a soccer curriculum as set out by the North Shore Girls' Soccer Club and will be in compliance with the BC Ministry of Education Prescribed Learning Outcomes for Physical Education. Students earn their grade-equivalent P.E. credit upon successful completion of the program.

**Registration begins January 20, 2014 and closes March 7, 2014.**

### Registration Procedures

- Total spots available will be dependent on the number of registrations received and the ability of Windsor Secondary School to organize a suitable schedule to meet the student's needs.
- Students need to reapply to Soccer Academy every year.
- All applicants must submit:
  - Soccer Academy Registration form.
  - Soccer Academy Medical form.
  - A letter of commitment explaining why they wish to enter the program.

### Priority placement of students and wait list priorities (Registration must be received prior to March 7, 2014)

- Priority 1 - Returning students
- Priority 2 - Wait listed players from previous year
- Priority 3 - Lottery for remaining players

**Note:** Those players not selected via the lottery will be placed on a wait list.

Completed registration forms, medical forms and letters of commitment and cheques must be dropped off in person at the Central Registration department located at 2121 Lonsdale Avenue, North Vancouver, B.C., V7M 2K6



# ÉCOLE SECONDAIRE WINDSOR SECONDARY

## Soccer Academy Registration Form

Ph: 604-903-3700  
Fax: 604-903-3701  
www.WindsorSecondary.ca

**\* March 7th is the Soccer Academy Program deadline for 2014/2015 school year.**

**This form must be submitted to the Central Registration department within the Educational Services Centre,  
2121 Lonsdale Avenue, North Vancouver, B.C. V7M 2K6.**

**Tick the appropriate box(es):**     Goalkeeper     Returning Player     New to Academy

### Student Information

Usual Last Name: _____	Preferred First Name: _____	Preferred Middle Name: _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade (2014/15): _____	Birthdate (01-SEP-2003): _____
Street Address: _____	City: _____	Postal Code: _____
Home Phone: _____		
Student Email Address: _____		
Current School: _____		Home School* (2014/15): _____

\*Home school is the school attended for all courses for the 2014/2015 school year, except the Soccer Academy program.

### Parent/Guardian Contact Information

Name: _____	Relationship: _____
Street Address (if different from above): _____	
City: _____	Postal Code: _____
Home Phone: _____	Work Phone: _____
Email Address: _____	Cell Phone: _____

### Soccer Information

Current Team Affiliation: _____	
Current Soccer Level: _____	Position Played: _____
Name of Coach: _____	Coach's Phone: _____

Parent/Legal Guardian Signature: _____	Application Date (d-m-y): _____
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**Cost for the Soccer Academy**

**The cost of the program is \$1650.00 per year.**

The first \$165 payment is due at the time of registration. The first cheque must be dated March 7, 2014. This cheque will only be cashed when the student is accepted to the Academy. In addition, nine (9) post dated cheques, dated October 1, 2014 through to June 1, 2015 must be submitted at the time of registration. Please make cheques payable to **North Vancouver School District #44**.

Deliver the completed registration form, medical form, letter of commitment and cheques to Central Registration, 2121 Lonsdale Avenue, North Vancouver, B.C. V7M 2K6.

All inquiries can be directed to Alec Lewis at [alewis@sd44.ca](mailto:alewis@sd44.ca), Mr. Dietz Kellmann at 604 868 2344, Ms. Melanie Learoyd, Vice Principal, Windsor Secondary School at 604 903 3700 or [mlearoyd@sd44.ca](mailto:mlearoyd@sd44.ca), or Mr. Greg Milner, District Principal at 604 903 3444 or [gmliner@sd44.ca](mailto:gmliner@sd44.ca)

**\* Please note the registration deadline for the 2014/2015 school year is March 7, 2014.**



# ÉCOLE SECONDAIRE WINDSOR SECONDARY

## Soccer Academy Student Medical Form

Ph: 604-903-3700  
Fax: 604-903-3701  
www.WindsorSecondary.ca

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_  Male  Female

School: \_\_\_\_\_

Care Card Personal Health No.: \_\_\_\_\_ Birth Day (d/m/y): \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Dr. Phone: \_\_\_\_\_

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

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

Please note any health condition, physical handicap, emotional difficulty, behaviour problem, or other factors that may limit full participation in this program.

Has the student had a previous injury that would require special first aid treatment should another injury occur?

The student has received the regular immunization program administered in BC for: Diphtheria; Pertussis & Tetanus (DPT); Tetanus and Diphtheria (TD); Polio; Measles, Mumps and Rubella (MMR)

Yes  No If no, please explain: \_\_\_\_\_

Does the student wear Contact Lenses:  Yes  No

Student is subject to:

- |   |  |   |                                      |
|---|--|---|--------------------------------------|
| <input type="checkbox"/> Asthma         | <input type="checkbox"/> Fainting            | <input type="checkbox"/> Nose bleeds  | <input type="checkbox"/> Sprains     |
| <input type="checkbox"/> Bronchitis     | <input type="checkbox"/> Frequent Colds      | <input type="checkbox"/> Seizures   | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> Dislocations   | <input type="checkbox"/> Headaches           | <input type="checkbox"/> Sensitive Skin   |                                      |
| <input type="checkbox"/> Dizziness      | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Severe allergies/anaphylaxis<br>(*provide details below) |                                      |
| <input type="checkbox"/> Ear ache       | <input type="checkbox"/> Kidney problems     | <input type="checkbox"/> Sinus Problems   |                                      |
| <input type="checkbox"/> Eye infections | <input type="checkbox"/> Muscle Pulls        |   |                                      |

Other conditions and/or \*further detail (describe below)

### Alternate Emergency Contacts:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of emergency, I hereby give permission to the physician selected by the supervisor(s) to provide necessary treatment for my child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS INFORMATION WILL BE KEPT ON FILE FOR THE SCHOOL YEAR ONLY**