



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 male and female students of all levels of soccer experience, 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 consists 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 19, 2015 and closes March 6, 2015.

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

Selection for Soccer Academy

- 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.

Cost for the Soccer Academy

Total cost for the Soccer Academy will be \$1650 per school year. Once accepted into the Soccer Academy each participant will receive more information regarding the collection of fees.

Completed registration forms and medical forms must be dropped off in person to the Central Registration office located at 2121 Lonsdale Avenue, North Vancouver, B.C. Hours of operation are: Monday to Friday 8:30 a.m. - 4:30 p.m.

All inquiries can be directed to Mr. Dietz Kellmann Dietz.Kellmann@gmail.com, Mr. Walter Mustapich, Vice Principal, Windsor Secondary School wmustapich@sd44.ca, or Mr. John McGowan, District Principal at jmcgowan@sd44.ca



ÉCOLE SECONDAIRE WINDSOR SECONDARY

Soccer Academy Registration Form

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

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

Student Information

Usual Last Name: _____ Preferred First Name: _____ Preferred Middle Name: _____

Gender: Male Female Grade (2015/16): _____ Birthdate (01-SEP-2003): _____

Street Address: _____ City: _____ Postal Code: _____

Home Phone: _____

Student Email Address: _____

Current School: _____ Home School* (2015/16): _____

*Home school is the school attended for all courses for the 2015/2016 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): _____

*** March 6th is the Soccer Academy Program deadline for 2015/2016 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.**



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
(*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