



# SPENCER HOCKEY ACADEMY REGISTRATION FORM

## Personal Information

Applicant Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## Hockey

Current Hockey Team: \_\_\_\_\_

Association: \_\_\_\_\_ Division: \_\_\_\_\_ Level: \_\_\_\_\_

Coach's Name: \_\_\_\_\_ Coach's Phone #: \_\_\_\_\_

Position: \_\_\_\_\_

## School

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Teacher Name: \_\_\_\_\_

Current School Address and Telephone Number (if not Spencer): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



3. What areas do you feel are most important to work on?

*Your thoughts:*


*Parent's perspective:*


4. Please give an overview of your current athletic schedule and/or conditioning activities.  
Please include: any off ice conditioning programs, on ice activities, other organized sports, and camps.


5. What do you want to accomplish at the Academy?

*Your thoughts:*


*Parent's perspective:*


**Thank-you!**