



APPLICATION FORM

PLAYER INFORMATION

FIRST NAME: _____ LAST NAME: _____ MI: _____

PLAYER HOMETOWN (CITY/STATE): _____ SSN: _____

D.O.B: (D/M/Y): ____ / ____ / ____ AGE: _____ GENDER: _____ PLACE OF BIRTH: _____

CITIZENSHIP: _____ CURRENT GRADE/ YEAR: _____

CELL #: _____ EMAIL ADDRESS: _____

CURRENT SCHOOL: _____ GPA: _____

HOW DID YOU HEAR ABOUT TAHOE HOCKEY ACADEMY: _____

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN NAME 1: _____ RELATIONSHIP TO PLAYER: _____

HOME #: _____ CELL #: _____ WORK#: _____

EMAIL ADDRESS: _____ SSN#: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP/POSTAL CODE: _____

PARENT/GUARDIAN NAME 1: _____ RELATIONSHIP TO PLAYER: _____

HOME #: _____ CELL #: _____ WORK#: _____

EMAIL ADDRESS: _____ SSN#: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP/POSTAL CODE: _____



PLAYER INFORMATION

PARENT/GUARDIAN NAME 3: _____ RELATIONSHIP TO PLAYER: _____

HOME #: _____ CELL #: _____ WORK#: _____

EMAIL ADDRESS: _____ SSN#: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP/POSTAL CODE: _____

MEDICAL INFORMATION

INJURIES (PAST/PRESENT): _____

PREVIOUS SURGERIES : _____



ACADEMIC INFORMATION

PRESENT SCHOOL: _____ LOCATION: _____

ADDRESS: _____ PHONE#: _____

SCHOOL WEBSITE: _____ CURRENT GRADE: _____

PREVIOUS YEAR - ACADEMIC SCHOOL GPA: _____ CURRENT YEAR - ACADEMIC SCHOOL GPA: _____

PLEASE INCLUDE THE FOLLOWING RECORDS WITH YOUR APPLICATION:

- FULL ACADEMIC TRANSCRIPTS - 2 YEAR HISTORY
- COPY OF PLAYERS CURRENT SEMESTER COURSE LIST
- COMPLETED RECOMMENDATION FORM FROM HOCKEY COACH (*ON THE FOLLOWING PAGE*)

TO BE MAILED DIRECTLY IN SEALED ENVELOPE BY COACH TO:

TAHOE HOCKEY ACADEMY
2478 OLD MEYERS ROAD
SOUTH LAKE TAHOE, CA 96150

- RECOMMENDATION FORM FROM PRINCIPAL OR COUNSELOR

TO BE MAILED DIRECTLY IN SEALED ENVELOPE BY PRINCIPAL OR COUNSELOR TO:

TAHOE HOCKEY ACADEMY
2478 OLD MEYERS ROAD
SOUTH LAKE TAHOE, CA 96150



PLAYER STATISTICS FROM PREVIOUS SEASON

POSITION: _____ HEIGHT: _____ WEIGHT: _____ SHOOTS: L: R:

LAST TEAM: _____ LEVEL:(AA, AAA, HS) _____

COACH'S NAME: _____ COACH'S PHONE: _____

FORWARD/ DEFENSE:

GAMES PLAYED: _____ GOALS: _____ ASSISTS: _____ POINTS: _____ PIMS: _____

GOALTENDER:

GAMES PLAYED: _____ GA: _____ GAA: _____ SAVE %: _____

PLAYER QUESTIONNAIRE

HOW MANY YEARS HAVE YOU PLAYED HOCKEY?: _____

DO YOU HAVE ANY ASPIRATIONS OF PLAYING AT THE JUNIOR LEVEL?: _____

DO YOU HAVE ANY ASPIRATIONS OF PLAYING AT THE COLLEGE LEVEL?: _____

PLEASE TELL US ABOUT SOME OF YOUR SPORTS, HOBBIES AND LEISURE TIME ACTIVITIES:

PLEASE DESCRIBE ANY PARTICULAR TALENTS OR ABILITIES YOU HAVE ASIDE FROM HOCKEY (ART, MUSIC, ETC):



PLAYER QUESTIONNAIRE

DESCRIBE TWO EXAMPLES OF HOW YOUR WORK ETHIC HAS RESULTED IN A POSITIVE RESULT IN HOCKEY / LIFE

HAVE YOU EVER LIVED AWAY FROM HOME BEFORE: YES NO

IF YOU ANSWERED YES TO THE ABOVE QUESTION, HOW LONG WERE YOU AWAY:



APPLICATION SIGNATURES

SHOULD MY CHILD LEAVE THE PROGRAM AT ANY TIME BEFORE IT'S COMPLETION I UNDERSTAND THAT THE PAYMENTS AS OUTLINED IN THE PARENT CONTRACT ARE STILL DUE AND OWED.

ONCE TAHOE HOCKEY ACADEMY HAS REQUESTED A COMMITMENT FROM A PROSPECTIVE PLAYER AND THE PLAYER'S PARENTS OR LEGAL GUARDIAN HAVE MADE A COMMITMENT TO THE TAHOE HOCKEY ACADEMY PROGRAM, A TUITION DEPOSIT (U.S FUNDS) AND A PICTUER OF YOUR PLAYER MUST BE MAILED TO THE TAHOE HOCKEY ACADEMY.

1) THE COMMITMENT WILL BE FULFILLED ONCE THE TAHOE HOCKEY ACADEMY HAS RECEIVED AND NEGOTIATED THE CHECK.

2) IF YOU CHILD IS ACCEPTED TO OUR PROGRAM, AND IT IS SUBSEQUENTLY DISCOVERED THAT THIS ACCEPTANCE WAS BASED IN PART, ON INFORMATION RECEIVED WHICH WAS FALSE, OR MISLEADING, OR YOU OMITTED TO PROVIDE PERTINENT INFORMATION WHICH MIGHT HAVE AFFECTED OUR DECISION TO ACCEPT THIS CANDIDATE, SUCH PLAYER MAY BE REMOVED FROM THE PROGRAM FORTHWITH WITHOUT REFUND.

SIGNATURE OF PARENT/GUARDIAN DATE

PRINT NAME OF PARENT/GUARDIAN ABOVE DATE

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PRINT NAME OF PARENT/GUARDIAN ABOVE DATE

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2478 OLD MEYERS ROAD
SOUTH LAKE TAHOE, CA 96150