



APPLICATION FORM

PLAYER INFORMATION

FIRST NAME: _____ LAST NAME: _____ MI: _____

PLAYER HOMETOWN (CITY/STATE): _____ USA# _____

D.O.B:(M/D/YR): ____ / ____ / ____ 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

HAVE YOU EVER HAD AN IEP (Individualized Education Program), or 504 ACADEMIC PLAN? Yes No

DO YOU CURRENTLY HAVE AN IEP (Individualized Education Program), or 504 ACADEMIC PLAN? Yes No

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:

- RECOMMENDATION FORM FROM PRINCIPAL OR COUNSELOR
- FULL ACADEMIC TRANSCRIPTS - 2 YR OR FULL HIGH SCHOOL HISTORY
- COPY OF PLAYERS CURRENT SEMESTER COURSE LIST
- COMPLETED RECOMMENDATION FORM FROM HOCKEY COACH (*ON THE FOLLOWING PAGE*)

TO BE EMAILED DIRECTLY: Leo.Fenn@Tahoepreacademy.com



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 POSTIVE 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

ONCE TAHOE PREP 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 PICTURE OF YOUR PLAYER MUST BE MAILED TO THE TAHOE HOCKEY ACADEMY.

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

2) IF YOUR 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

SIGNATURE OF PARENT/GUARDIAN

DATE

PRINT NAME OF PARENT/GUARDIAN ABOVE

DATE

PLEASE EMAIL YOUR APPLICATION TO: Leo.Fenn@tahoepreacademy.com
THEN MAIL YOUR SIGNED HARD COPIES TO:

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