SCHOOL DISTRICT #82
SKEENA MIDDLE SCHOOL HOCKEY ACADEMY

3411 Munroe St., Terrace, B.C. V8G 3C1
School 250-635-9136 Fax: 1-888-655-0523
Vice Principal – Cory Killoran email: cory.killoran@cmsd.bc.ca

PACIFIC RIM HOCKEY ACADEMY
www.rpmhockey.com

Academy Admin: craig@rpmhockey.com
Registration Inquiries: holly@rpmhockey.com

APPLICATION FOR ACCEPTANCE - 2020-2021 School Year

Parent/Guardian Name: _____ Best Contact Phone # (_____)_____

Student's Name: _____ Student's Date of Birth: M___/D___/Y____

Primary E-Mail for Academy correspondence (**Please Print clearly**): _____

Address: _____City:_____Postal Code: _____

Current School: _____Expect to be enrolling in Grade: ___ # of years playing hockey: ___Position:_____

Academy Fees 2020/21 - $1320 - ***RPM will accept 5 payments of $264, as a convenience to parents. Please note: these are not monthly payments but a payment plan.*** Academy Payment Schedule:

Payment 1	**Deposit Due at time of Registration**	**$264**	**(withdraw before May 31/20 – Deposit refunded)**
Payment 2-5	Sept 1-Dec 1	$264	

I will pay for this academy by: Visa ❒ Master Card ❒ American Express ❒
Card Number _____/_____/_____/_____/ Exp _____/_____CVC(# on back)_____

All applications must be secured with a valid credit card. Applications without payment are not accepted.

Any withdrawals after Sept 1/20, will be pro-rated based on Administrative approval.
Any withdrawals after the 1st of each month are charged for that month. For ex: withdraw Oct 10, Oct payment is not refundable.
Payments, Academics & Behavior not in good standing, could result in restricted participation.

The Deposit is fully refundable up to May 31, 2020, but a request must be made via email to holly@rpmhockey.com by May 31/20 to obtain a refund.

Administration is provided by the Pacific Rim Hockey Academy. Should your student withdraw or be unable to participate due to injury in the academy for any reason you must email Pacific Rim Hockey Academy at holly@rpmhockey.com to be eligible for any refund.

Registrations received after Sept 15/20 – are not guaranteed Academy gear. Any students with outstanding payments will not be ordered gear.

I have (Parent/Guardian Name) **Please print** _____have read the above application & agree to the terms outlined. I understand it is the parent/guardian responsibility to ensure payments are in good-standing and up-to-date & failure to do so could result in restricted participation for my child**. I understand that if I choose to withdraw my child or my child is unable to attend the academy, I must email holly@rpmhockey.com to be eligible for a refund.**

Parent/Guardian Signature _____Date_____

Please note your completed application and payment does not guarantee your child's acceptance to the Hockey Academy. Administration reserves the right to place students. All decisions are final and not open to appeal.

Administration: (Completed by Administration) Accepted ❒ Not Approved ❒ Wait List ❒

Comments _____ Date and Time Received: _____

Email, scan or send a photo of completed form to holly@rpmhockey.com