



QUEEN ELIZABETH DISTRICT

HIGH SCHOOL



HOCKEY CANADA SKILLS ACADEMY

2015-2016

Partnered with



HOCKEY NORTHWESTERN ONTARIO

Queen Elizabeth District High School Hockey Academy

Queen Elizabeth District High School is extremely excited and pleased to announce that we have expanded upon our Hockey Academy, and taken it to the next and highest level. QEDHS and the Keewatin Patricia District School Board have partnered with Hockey Canada, Hockey Northwestern Ontario (HNO) and PowerPlay to become an Accredited Hockey Canada Skills Academy.

The QEDHS Skills Academy is a complete program that includes education, hockey skills, off-ice strength and conditioning, mental training, and personal and team development. This is a great program for those students wanting to enhance their current skill set. The Academy is open to 20 students in grades 10-12 and operates for one period a day during the school year.

Jason MacMillan is committed to the development of each player and providing personalized and directed strategies for improvement. The individual needs of each player are identified by analyzing their academics, hockey skills, strength and conditioning and future goals. As hockey is a team sport, students are then taught how to use their skills to support their team. All program participants will receive both on and off ice training.

Focusing on individual improvement and team building helps maximize a student's development potential. The program will offer on-going skill development that will, in turn, create the opportunity to build on individual skills in addition to team development.

QEDHS Hockey Canada Skills Academy has been accredited by Hockey Canada. The framework of the program is consistent with the standards for development set by Hockey Canada. As well, it is in full compliance with the Ministry of Education provincial learning outcomes for physical education.

To apply to the program, please fill out the application in this package before the September 2015 school year.

Who can apply for the program?

Any boy or girl enrolled in at QEDHS for September, 2015 in grades 10-12 can apply.

Will my child need to bring equipment?

We expect that some students will have equipment and others will need assistance. We will be working with corporate sponsors to help support the needs of our students and their families.

All program participants will receive both on and off ice training.

The benefits for each participant are as follows:

- Enhancement of individual technical and tactical development along with fitness and nutrition.
- All training sessions occur during the school day.
- Provides a better balance for the practice to game ratio that currently exists.
- Enhancement of academic achievement through establishing a better balance between athletics and academics within the school system.
- Opportunity to participate in other extra-curricular activities including football, basketball, volleyball, golf, soccer, etc.

Registration Procedures

Any boy or girl in grades 10-12 who is registered at QEDHS for September, 2015 can apply. You will find more information about the registration process and fees in the following pages of this package.

On-Ice Hockey Conditioning Program

The on-ice program consists of the following

- Detailed break-down of all facets of the game, both individually and team oriented
- Qualified on-ice coaching staff

Off-Ice Conditioning Program

Off-ice strength and conditioning highlights

- Qualified off-ice training staff
- Nutrition and supplement guidance

Mental Training

Highlights

- Goal setting
- Positive reinforcement
- Self Discipline
- Self motivation
- Self confidence
- Breathing techniques
- Team building

Applications must be submitted by the beginning of September, 2015 school year. If you have any questions, please call the school at: 737-3500.

Final decisions will ultimately reside with the school principal, Steve Poling.

Programming Costs

- The fee for entry into the QEDHS Hockey Academy is \$600.
- The fee can be paid in two ways
- One installment of \$600 at the beginning of the semester
- Monthly installments of \$100 for months including on-ice instruction (October - March)
- All participants must submit a payment plan to the office to participate in any hockey academy activities.

QEDHS Hockey Program Application Form

Personal Information

Full Name : _____

_____ *Last*

_____ *First*

Address:

_____ *Street Address*

_____ *Apartment/Suite #*

_____ *City*

_____ *Province*

_____ *Postal Code*

_____ *Home Phone*

_____ *Business Phone*

_____ *Cell Phone*

_____ *Email Address*

Birth Date (YYYY/MM/DD): _____ OHIP #: _____ Grade: _____

Parent/Guardian Information

Name: _____ Relationship: _____

Address:

_____ *Street Address*

_____ *Apartment/Suite #*

_____ *City*

_____ *Province*

_____ *Postal Code*

_____ *Home Phone*

_____ *Business Phone*

_____ *Cell Phone*

_____ *Email Address*

_____ *Parent/Guardian Signature*

_____ *Date*

QEDHS Hockey Program Application Form

RECENT HOCKEY HISTORY

Team Last Played For: _____

Level: _____ Position(s): _____

Coach: _____ Coaches Phone: _____

FUTURE HOCKEY/ACADEMIC GOALS

Please write a few sentences outlining your future hockey and academic goals.

For use by QEDHS Only

Signature: _____

Date Received: _____

QEDHS Hockey Academy

Code of Conduct for Parents

This contract is designed to promote proper conduct and respect for all participants within the Queen Elizabeth District High School (QEDHS) Hockey Academy. It is school policy for each parent to sign this pledge at the beginning of the year and follow the principles of proper conduct and respect.

Code of Conduct

- ✓ I will remember my child plays hockey for his or her enjoyment, not mine.
- ✓ I will encourage and support my child to follow the QEDHS player code of conduct and will reinforce the importance of respect and appropriate behaviour while participating in this program.
- ✓ I will teach my child that competing to the best of his or her ability is most important, not the outcome of competition.
- ✓ I will make my child feel positive and valued by offering praise for competing fairly and intensely.
- ✓ I will support all efforts to remove verbal and physical abuse from youth hockey.
- ✓ I will respect and show appreciation for the coaches and staff who give their time to help develop personal and hockey skills in my child.
- ✓ I will not condone the use of alcohol, drugs or banned substances.
- ✓ I understand the QEDHS Hockey Academy is a school program and will abide by both the QEDHS school policy and QEDHS Hockey Academy code of conduct.

I agree to abide by the principles of the Code of Conduct as set out by the QEDHS Hockey Academy. I also agree to abide by the policies and procedures set out by the QEDHS Hockey Academy.

Student Athlete's Name (print) : _____

Grade: _____

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

QEDHS Student Name (please print)

QEDHS Student Signature

Date

***Please read, complete and return this form to the Program Coordinator of the QEDHS Hockey Academy. Thank You.**



QEDHS Hockey Academy

Code of Conduct for Students

This contract is designed to promote proper conduct and respect for all participants within the Queen Elizabeth District High School (QEDHS) Hockey Academy. It is school policy for each student to sign this pledge at the beginning of the year and follow the principles of proper conduct and respect.

Code of Conduct

- ✓ I will participate in the QEDHS Hockey Academy because I want to, not because parents, others or coaches want me to.
- ✓ I will understand and adhere to the QEDHS player code of conduct and will consistently strive to uphold respectful and proper behaviour while participating in this program.
- ✓ I will behave properly and respectfully when in the dressing room, on the ice and in a variety of school settings (gym, classroom, outside facilities)
- ✓ I will give my best effort and compete intensely as often as possible. I will play fair and strive for improvement.
- ✓ I will acknowledge all efforts and performances by my fellow QEDHS teammates. I will attempt to show leadership within the group.
- ✓ I will respect and show appreciation for the coaches and staff who give their time to help me develop personal and hockey skills.
- ✓ I will not use alcohol, drugs or banned substances.
- ✓ I understand the QEDHS Hockey Academy is a school program and will abide by both the QEDHS school policy and QEDHS Hockey Academy code of conduct.

*Failure to follow the QEDHS Hockey Academy Code of Conduct may result in discipline and/or consequences according to QEDHS school policy.

I agree to abide by the principles of the Code of Conduct as set out by the QEDHS Hockey Academy. I also agree to abide by the policies and procedures set out by the QEDHS Hockey Academy.

Student Athlete's Name (print) : _____

Grade: _____

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

QEDHS Student Name (please print)

QEDHS Student Signature

Date

***Please read, complete and return this form to the Program Coordinator of the QEDHS Hockey Academy. Thank You.**

By signing this document you will waive certain legal rights,
PLEASE READ CAREFULLY.

Name of Participants: _____ Age: _____ Date of Birth: _____

IN CONSIDERATION of allowing my minor child/ward to participate in the programs, activities and events of the QEDHS Hockey Academy, **I ASSURE YOU THAT:**

1. I am the parent/guardian of the above named participant having full legal responsibility for decisions regarding the above named participant.
2. I believe that my child/ward is physically, emotionally and mentally able to participate in the programs, activities and events of the QEDHS Hockey Academy.
3. I hereby acknowledge that I am aware of the risks and hazards associated with or related to hockey. The risks and hazards include, but are not limited to injuries from:
 - a. Executing strenuous and demanding physical techniques in hockey;
 - b. Dryland training including weights, running and fitness testing;
 - c. Vigorous physical exertion and strenuous cardiovascular workouts;
 - d. Exerting and stretching various muscle groups; and
 - e. Travel to and from events and associated non-competitive events which are an integral part of the programs activities.
4. Furthermore, I am aware that my child/ward may:
 - a. Sustain injuries in hockey that can be severe, cause spinal cord injuries and even be fatal;
 - b. Experience anxiety while challenging themselves during the activities, events and programs;
 - c. Come into close contact with other participants, including the possibility of accidental and unexpected contact;
 - d. Risk of injury is reduced if the participants follow all rules established for participation; and
 - e. Risk of injury increase as participants become fatigued

I UNDERSTAND AND AGREE, on behalf of myself, my heirs, assigns, personal representatives and next of kin that my signing of this document constitutes:

5. I am registering my child/ward willingly and my child/ward is participating voluntarily in these activities, events and programs.
6. I agree that there are risks in hockey as described above and my child/ward will be exposed to these risks and hazards.
7. I agree to accept all these risks and hazards and be responsible for any injury or other loss, which my minor child/ward might receive while participating in these events, activities and programs.

I ACKNOWLEDGE MAKING THIS AGREEMENT

By signing and dating below, you agree that you are the parent or legal guardian of the player being registered and to be bound by this Legal Agreement even if you have not read this agreement.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date



QEDHS Hockey Academy Payment Plan

I _____ agree to pay the entire QEDHS Hockey Academy program fee for
(Name of Parent/Guardian)

_____ for the 2015-2016 school year. I have read and understand all
(Name of Participant)

documents and policy's pertaining to the QEDHS Hockey Academy.

Payment Plan

- One full installment of \$600.00
- Monthly installments of \$100 (6 months)

Method of Payment

- Cash
- Cheque
- Other

Name of Parent/Guardian

Signature of Parent/Guardian

Date

Amount Enclosed

FOR OFFICE USE ONLY

Name of Participant: _____

Payment Plan: _____

Amount Submitted: _____

Amount Owing: _____

Date: _____