REGISTRATION FORMS

PROGRAM

☐'HTI Stars' Winter Program (September – March) ☐HTI Spring Program (March – June)

Desired Year of Admission: _____

PLAYER INFORMATION

Name: _____ Date of Birth (mm/dd/yyyy): _____

Address: _____

_____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Father's Name: _____ Mother's Name: _____

Occupation: _____ Occupation: _____

Email: _____ Email: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Names of Siblings and ages: _____

Name of Legal Guardian (s): _____

Address (if different from player's): _____

_____

HOCKEY INFORMATION

Last Team Played for: _____

Position: _____ Shot (L/R): _____ Height: _____ Weight: _____

Last Year's League/Level: _____

Last Year's Statistics: GP_____ G _____ A _____ PTS _____ GP _____ GAA _____ Save% _____

Please describe what kind of player you are: _____

_____

Where do you see yourself in the next 3-4 years? _____

_____

List any hockey awards and achievements you might have received: _____

_____

ACADEMIC INFORMATION

Last Completed Grade: _____ GPA: _____

Have you ever repeated a grade: _____ If YES, which grade(s): _____

HTI's Academic Options (check all that apply):

☐Convoy Academy – Recommended. Academic schedule customized for the training schedule.

☐Online Studies Name of School: _____

School Contact: _____

☐ SAT/ACT Prep Course

☐ ESL/TOEFL

School Last Attended: _____

School District/System: _____

Address: _____

Require English as a Second Language course: ☐ Yes ☐ No

What are your academic goals for the post-secondary education? _____

_____

Have you taken the SAT or ACT test? ☐ Yes ☐ No

SAT Score:_____ ACT Score:_____

Do you require any special assistance or accommodations related to academics? _____

_____

_____

What are your hobbies or interests?

Indoor: _____

Outdoor: _____

REGISTRATION FORMS

MEDICAL / INSURANCE COVERAGE

Player Name: _____ Date of Birth: _____

Family Physician: _____ Physician's Telephone: _____

Canadian Health Card No: _____ Province: _____

Insurance Policy # (International Students): _____

Policy Provider: _____

Policy Holder: _____

List any medical conditions we need to be aware of: _____

_____

Allergies: _____

Dietary Needs or Restrictions: _____

Are you currently taking any medications? ☐ Yes ☐ No

If Yes, please describe any details: _____

_____

To Whom it May Concern: I hereby authorize the staff at the Hockey Training Institute (HTI) to obtain or provide appropriate medical treatment for my son or daughter during the time when he or she attends HTI. In the event of an accident or emergency, I authorize the staff to obtain medical, surgical and hospital services.

Player Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

ALL PLAYERS MUST CARRY MEDICAL INSURANCE FOR CANADA AND USA DURING THEIR STAY AT HTI.

* If additional coverage is needed to guarantee that you are insured in Canada and USA, please contact SC Insurance Brokers for information on obtaining an all-inclusive policy.

SC Insurance Brokers,
2450 Victoria Park Ave, Suite 100B
Toronto, Ontario, Canada, M2J 4A2
Lori Field – lori@scinsurance.ca
Darren Abrahams – darren@scinsurance.ca or (416) 259-1166

REGISTRATION FORMS

REGISTRATION POLICIES

Payment Options:
Deposit of $ 5,000 CDN, is due upon acceptance into the program. Final payment is due by September 1. Please contact our office to discuss payment plan. A final invoice with payment dates and our bank information will be sent out with an acceptance letter.
Delinquency of payment can result in immediate removal from all athletic and academic programs.

Extended Payment Plan:
A minimum 50% of the tuition needs to be paid by September 1. All extended payments must be completed by December 15. A financing fee of 10% of the unpaid balance will apply after December 15.
Payments are accepted in the form of Credit Cards, e-Transfers (Canada), PayPal, Cheques, or wire transfers. An invoice with details for payment options will be emailed to you at the time of acceptance into the program.

Cancelation Policy:
In the event that it is necessary for a registrant to cancel, a refund will be granted (excluding a $2,000.00 cancelation fee) if canceled before August 1. There are no refunds on cancelations after August 1.

Damages Deposit
Student/Players will be responsible for any damages done to their rooms. A credit card number on file will be required as a damage deposit. Charges for damages will be processed to the credit card.

Scholarships
Scholarship opportunities are based on the player's academic and athletic performance and are discussed with each player and his/her family on a private basis.

Who is Financially Responsible for the fees?

Name: _____ Telephone: _____

Application Statement
I, the undersigned, have read, and understand the registration policies put forth by Hockey Training Institute (HTI) and are signing for my son/daughter:
_____

_____ _____
Student/Player's Signature Parent's Signature

WAIVER FORM

I understand and acknowledge that the staff, officers, employees, and agents of Hockey Training Institute International (HTI) act in the place and position of a parent or guardian of my child while my child attends HTI. Recognizing this I authorize each or any of them to provide to my child any medical treatment that they consider to be reasonable or necessary. In consideration of their willingness to care for my child, I release, remise and discharge, indemnify and save harmless, Hockey Training Institute International, its board of directors, officers, employees and agents from any and all liability, claims or causes of action which may arise, by virtue of the application, or non-application of medical treatment. I agree that HTI, its instructors, directors, officers, employees, and agents are not liable for any accident or loss however caused and agree to release Hockey Training Institute International from all claims and damages.

I HAVE READ THIS RELEASE OF LIABLITY AND ASSUMPTION OF RISK AGREEMENT, AND FULLY UNDERSTAND ITS TERMS, I FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ X _____

Participants Signature Print Name

X _____

Date Signed

FOR PARTICIPANTS OF MINORITY AGE (UNDER THE AGE OF 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his release as provided above of all the Releases and, for myself, my heirs, assigns, and next of kin. I release and agree to indemnity the releases from any and all liabilities incident to my minor child's involvement or participation in their program as provided above.

X _____ X _____

Parent's Signature of Minor Print Name

X _____

Date Signed

CODE OF CONDUCT

All student-athletes in the Hockey Training Institute (HTI)/Convoy Academy program are required to submit to a strict set of guidelines regarding their "code of conduct" while participating in the program. These are as follows:

- ✓ Student-athletes will respect the integrity of HTI/Convoy Academy, its facilities and its staff.
- ✓ Student-athletes are expected to attend all classes, on-ice and off-ice practices, games, and other team events. Absence from any of these activities must be approved by HTI/Convoy Academy staff prior to the activity.
- ✓ Student-athletes must respect all facilities, to use them with care and do their part in keeping them clean.
- ✓ Student-athletes are responsible to keep their own dorms clean, neat, and tidy.
- ✓ Student-athletes are required to adhere to curfews as determined by HTI/Convoy Academy staff and management. These curfews are monitored and will be enforced. Curfew is 11:00pm on Sun-Fri (back in the dorms and quiet) and 12:00am on Saturday. Curfew is subject to change at the discretion of HTI/Convoy Academy staff.
- ✓ Student-athletes must understand and acknowledge that association with or use of drugs, alcohol, or tobacco of any kind is not acceptable and will not be tolerated.
- ✓ Student-athletes and their parents/guardians will be responsible financially for any damages caused to the facilities because of their own behavior or negligence.
- ✓ Student-athletes must inform staff on duty when leaving the campus and report in when they return. Any outside visitors must be approved by HTI/Convoy Academy staff, in order for them to enter the campus, and especially any of the buildings.
- ✓ Student-athletes agree to never practice, condone, defend or permit discrimination on the basis of race, colour, sex, sexual orientation, age, religion or ethnic origin.
- ✓ Student-athletes shall conduct themselves at all times in a fair and responsible manner. Student-athletes shall refrain from comments or behaviours which are disrespectful, offensive, abusive, racist or sexist. In particular, behaviour which constitutes harassment, abuse, bullying or cyber-bullying will not be tolerated by HTI/Convoy Academy.
- ✓ Student-athletes shall not engage in activity or behaviour which endangers the safety of others.

Student-athletes must understand and acknowledge that failure to comply with any of the above rules and guidelines will result in a suspension or expulsion of the offending player(s).
In case a student-athlete is suspended or expelled from the program (HTI/Convoy Academy) because of that student-athlete breaking the above-mentioned code of conduct rules, HTI/Convoy Academy will not be obligated to refund any of the student-athlete's tuition fees.

I, , agree to abide by all rules and regulations as set out in the HTI Code of Conduct and understand that my failure to comply may result in my suspension or expulsion from the program.

Student-athlete's Name _____ Signature _____

*Parent/Guardian must also sign, if the student-athlete is under 18 years old.

Parent/Guardian Name _____ Signature _____

TRAVEL INFORMATION

*** This page can be submitted to our office when the flight arrangements are confirmed. You can proceed with the submission of the rest of the application without this page.**

Student/Player Name: _____

Date Arriving: _____ Travelling By: ☐ Car ☐ Plane

Details for Airport Pick Up:
Airline: _____ Flight# _____

Arriving From: _____ Arrival Time: _____

Please Note: All pick-ups at the airport are done between the hours of 9am and 9pm and are only made at Toronto Pearson international Airport.

Details for Airport Drop Off:
Airline: _____ Flight# _____

Departing To: _____ Departure Date & Time: _____

Please Note: All drop-offs at the airport are done between the hours of 9am and 9pm and are only made at Toronto Pearson international Airport.

Please Note: All players arriving by car are to use the following address for driving directions:
8058 8th Line, Utopia, Ontario, L0M 1T0 (Canada)

Travel expenses for pick-ups and drop-offs within the designated hours of 9am and 9pm are included in the tuition. Anyone who requires transportation outside of the above-mentioned time frame will be charged an extra fee of $100.00.

We require at least 72hours notice if any student/player will be going home for any weekend. Any transportation needed outside of this may be at the student/player's own expense. Should any student/player require transportation for an outing in the evenings or weekend, it should be arranged through the main office at least within 48 hrs notice.
Other than transportation to and from games and practices, the only other transportation that will be provided is:

- Pick up from Pearson international Airport at the beginning of the season.
- Drop off to Pearson International Airport for Christmas holidays.
- Pick up from Pearson international Airport after Christmas Holidays.
- Pick up and drop off to Pearson International Airport for a University recruiting trips.
- Drop off to Pearson International Airport at the end of the season.
- Scheduled team functions.

EXTRACURRICULAR ACTIVITIES CONSENT

This form is required for all players under the age of 18, who will be participating in any group planned or personal activities while at the Hockey Training Institute (HTI).

I, _____ give my son/daughter, _____
Parent's name Player's name

permission to attend/participate in:

☐ Supervised team field trips/activities.
☐ Unsupervised personal activities (including traveling in other students' vehicles or other visitors' vehicles) during his/her participation in the program.

X _____ X _____ X _____
Parents Signature of Minor Print Name Date

8058 8th Line
Utopia, Ontario, L0M 1T0 (Canada)
Tel: 705-828-5385
Email: info@htistars.com
www.htistars.com