



# Bishop Carroll High School

Hockey Canada Skills Academy

2020-2021

New Student Application



Hockey Canada partners with the Calgary Catholic School District to offer an exciting optional program for students. This program is offered at the elementary, junior high and high school level in select schools. Students have the opportunity to learn hockey skills, leadership, teamwork and fitness during the school day.

The Bishop Carroll High School program will be run by certified teachers with extensive hockey backgrounds. Hockey Canada supplies resources and training to our teachers which gives students an advantage as they develop their hockey skills. Students have on-ice training twice a week with off-ice training provided through HFR. Students must complete CTS modules to earn their full 5 credits.

The cost of the Bishop Carroll Hockey Program will be \$500. This is subject to change due to 2020-2021 ice fees. Fee information will be provided to families in September, as well as a calendar of the Monday/Wednesday practices. These fee covers the cost of ice time, transportation, guest instructors, pucks, pylons etc. This is a program of choice and therefore is funded entirely by parents.

**Students may obtain five credits by studying the following CTS Modules each year:**

## **Sports Performance 10: Hockey**

- HSS 1020 Nutrition
- REC 1040 Foundations for Training
- REC 1050 Sport Psychology
- REC 1910 REC Project A
- REC 1045 Group Exercise Trends

## **Sports Performance 20: Hockey**

- REC 2040 Foundations for Training 2
- REC 2050 Sports Psychology 2
- REC 2910 Rec Project B
- REC 2045 Training for Core
- REC 3025 Cardiovascular Training



**Any questions or concerns, please contact:**

Mr. Brent Hamel  
Vice-Principal

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Mr. Doug Altrogge  
HCSA Teacher & CTS CT  
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# 2020 – 2021 Application Form

Please complete the following application form and submit it with your Bishop Carroll High School registration and course selections documents for consideration in the Hockey Canada Skills Academy program at Bishop Carroll High School.

Student's Name: _____
Current School: _____ Current Grade: _____

Please complete the form & attach the following:

- A minimum one-page personal letter in support of your application which includes; your interest in the program, athletic goals and what you hope to accomplish by participation in this program.

**DEADLINE:**      **Students currently registered in CCSD schools - Friday, February 21, 2020**  
**Students not currently registered in CCSD schools - Submit with your BCHS registration in March 2020.**

**SUBMISSION:**      **Students currently registered in CCSD schools – With your BCHS registration to your jr. high counsellor.**  
**Students not currently registered in CCSD schools - Submit with your BCHS registration in March 2020.**

All applicants will be notified regarding the status of their application in April.

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**I have discussed the Hockey Canada Skills Academy Program with my parents and understand the responsibility and commitment required for participation.**

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

**I am aware that the Hockey Canada Skills Academy Program has an associated fee to cover the cost of ice time, transportation, guest instructors, pucks, pylons etc. and that it is our obligation to pay this fee if accepted to the program. The application prepared by my child has been made with my full knowledge and approval.**

\_\_\_\_\_  
Parent signature(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent signature(s)

\_\_\_\_\_  
Date

# Hockey Canada Skills Academy

## SPORTS PERFORMANCE 10 & 20

### 2020 - 2021

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone #: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(d/m/yr)

Parent(s)/Guardian(s): 1 \_\_\_\_\_ Phone #: \_\_\_\_\_

2 \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: (Home) \_\_\_\_\_ (Business): \_\_\_\_\_

Current Hockey Association: \_\_\_\_\_

Current Hockey Level: \_\_\_\_\_ Position: \_\_\_\_\_

Coach This Past Season: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### **PARENT/STUDENT AUTHORIZATION:**

I/we certify the information given in this application is true and complete.

I authorize investigation of all information contained within this application.

The Sports Performance Program will be a high-profile program. Pictures of your son/daughter in program-related activities may be used for program promotion and communication purposes.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_