School District No. 53 Okanagan Similkameen HOCKEY CANADA SKILLS ACADEMY at OLIVER ELEMENTARY SCHOOL



Application Process

Applications are invited from all interested students in Grades 4-7. Successful applicants, meeting the established criteria will be accepted:

- Grade 4: must currently be on a Minor Hockey Team.
- > Grade 5-7: not required to be on a Minor Hockey team, should have experience skating.
- Must be in good standing both academically and behaviourally.

We will be offering HCSA on Tuesdays, Thursdays, and Fridays beginning in late September and ending in March prior to Spring Break. This will give us approximately 40 on ice sessions. Students also receive a Hockey Academy jersey.

Please note that incomplete applications will not be considered. Students must maintain good standing of coursework and classroom/playground behaviour. Failure to do so may result in removal from the program.

Please submit the following:

- Completed Application form
- Jersey Selection form

After review of your application, you will be notified if you have been selected for entry into the Oliver Elementary School HCSA program.

Should you be accepted into the program, the payment schedule is as follows:

- Tuition Fee: \$250.00 per year for students
- All fees must be paid in full no later than Monday, September 15th, 2025

Please make cheques payable to: Oliver Elementary School. Payment can also be made at the OES office through Interact, on-line, e-transfer.

Application Due: Friday, May 31st, 2025

Submit Applications to:

Dean Rowland drowland@sd53.bc.ca tmcintyre@sd53.bc.ca aurry@sd53.bc.ca aurry@sd53.bc.ca

***Okanagan Falls Elementary School please follow all instructions from OES but also send the office a copy of your registration, so we are aware who has registered. Payments all go directly to OES. If you need financial assistance, please contact our Principal Mrs. Poole mailto:kpoole@sd53.bc.ca.

Office: okf@sd53.bc.ca



School District No. 53 Okanagan Similkameen HOCKEY CANADA SKILLS ACADEMY At



OLIVER ELEMENTARY SCHOOL

809 School Avenue, Oliver, BC V0H 1T0 Phone: 250-498-3468

Application Fo	orm: 2025-2026								
STUDENT INFORMATION attending Okanagan Falls Elementary School									
Last Name:		First Name:							
Birth Date:		Gender: □ F □ M Grade:							
	(Year/Month/Day)								
Address:	City:								
Postal Code:		Home Phone:							
		Cell Phone:							
Email Address:	:								
		es and notices re: cancellations or date changes, etc.)							
*	* The following information	must be filled out in full **							
Registered in M	Minor Hockey: Yes	s No							
•	Association Currently Registe	ered with:							
Current		Division							
Team:	Division:								
Category:	(House, Development, Rep.)	Position:							
PARENT(S)/GI	UARDIAN(S) INFORMATION	I							
Mother's Name	e:	Father's Name:							
Daytime Phone	e:	Daytime Phone:							
Cell Phone:		Cell Phone:							
Email:		Email:							
EMERGENCY	CONTACT								
Name:		Relationship:							
Daytime Phone	ə:	Cell Phone:							
Please list any medical conditions that we should be aware of:									

☐ Cash

☐ Cheque ☐ Interact

OFFICE USE ONLY:





Jersey Choices

Please note your jersey order preferences be
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Size (Circle 1): Youth Lar	ge Yo	outh X-Lar	ge A	dult Small		Adult Med.			
	Adult Lar	rge	Adult X-	Large					
Colour (Circle 1): White	Black	Red	В	lue	Green				
	Ye	ellow	0	range					
Jersey Number (Note on Line):									