**NORWELL HOCKEY SKILLS DEVELOPMENT PROGRAM (Grade 9)**

 **APPLICATION FOR 2018 - 2019**

**Hello interested student!**

Thank you for expressing interest in our Hockey Skills Development Program. We are pleased that you are applying and wish you the best.

Before applying, please consider the following:

* All players must have full equipment available for all on-ice days. This includes a helmet with full face guard and a neck protector.
* There is a registration fee of $300 to participate in the course. This fee will be due on the first day of school, Sept.4, 2018. Fees will cover ice time and bussing costs.
* Although this course is designed to help ALL levels of hockey players, a minimum hockey competency is expected. A hockey reference must be included in your application.
* Due to the nature of the program, students MUST be willing to give up part of their lunch for busing to and from the arena.

Applications must contain the following in 3 separate, sealed envelopes.

1. **Student Application**
2. **Teacher Reference**
3. **Hockey Reference**

Each envelope must be signed by the appropriate person across the seal.

Students registering for the Hockey Skills Development program must complete and submit their application with the required references to the Norwell office by **FRIDAY, December 22/17.**

**HOCKEY SKILLS DEVELOPMENT PROGRAM**

**STUDENT APPLICATION**

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

Current School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Highest Level of Hockey Played (i.e. Bantam Local League, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State 3 reasons that indicate you are a strong candidate for this program.

1.

 2.

 3.

Additional information that you think is important for us to know about you.

**HOCKEY SKILLS DEVELOPMENT PROGRAM - TEACHER REFERENCE**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Teacher Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher Contact Information (email or phone): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How long have you known the candidate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What subject(s) have you taught the candidate and in what year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Please check the description which best describes the student.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **DEPENDABILITY** |  | **COOPERATION** |
|  | * very dependable
 |  | * very cooperative, helpful
 |
|  | * generally reliable
 |  | * cooperates willingly
 |
|  | * often requires prompting
 |  | * cooperates when asked
 |
|  | * requires close supervision
 |  | * not always cooperative
 |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **INITIATIVE / INDEPENDENCE** |  | **ATTENDANCE** |
|  | * self-motivated, seeks little direction
 |  | * excellent record
 |
|  | * occasionally seeks / needs direction
 |  | * satisfactory attendance
 |
|  | * often needs direction
 |  | * frequently absent
 |
|  | * shows little direction
 |  | * high number of absences
 |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **COMMUNICATION** |  | **WILLINGNESS TO LEARN** |
|  | * effective and accurate
 |  | * always willing and eager
 |
|  | * usually effective
 |  | * usually willing and eager
 |
|  | * acceptable skills
 |  | * sometimes willing and eager
 |
|  | * experiences some difficulty
 |  | * rarely willing and eager
 |

Teacher Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for your time and comments!**

**HOCKEY SKILLS DEVELOPMENT PROGRAM - HOCKEY REFERENCE**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Hockey Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hockey Contact Information (email or phone): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How long have you known the candidate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. In what capacity have you known the candidate and in what year(s)?
3. Based on your experiences with this student, what skills and attributes make them a strong candidate for the Hockey Skills Development Program.
4. Please rate the student’s hockey skills in the following categories on a scale of 1 to 5. (1 = very poorly developed, 3 = average, 5 = highly skilled)
5. Forward Skating \_\_\_\_\_
6. Backward Skating \_\_\_\_\_
7. Stickhandling \_\_\_\_\_\_
8. Passing \_\_\_\_\_
9. Shooting \_\_\_\_\_

Signature of Reference:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for your time and comments!**