



**2010/ 2011 YALE BASEBALL / SOFTBALL APPLICATION**  
**Yale Secondary**

[www.yalebaseballacademy.com](http://www.yalebaseballacademy.com)

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

Before submitting this application, the following checklist **MUST be complete**:

- All Sections of baseball / softball application completed.
- Yale Secondary School Registration Form completed.
- I / we have read the Sport Academy Policy Manual and agree with the policies put forth. (Sport Academy Policy Manual can be downloaded off our website at [www.yalebaseballacademy.com](http://www.yalebaseballacademy.com))

**SECTION A: (PERSONAL INFORMATION TO BE COMPLETED BY PARENT)**

Student's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Expects to be enrolling in Grade:    9        10        11        12

Parent's Email Address: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Copy of Latest Report Card Attached  (*applications with no report card will not be considered as complete*)

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

**SECTION B: (COMPLETED BY PRINCIPAL OR VICE – PRINCIPAL OF CURRENT SCHOOL)**

\_\_\_\_\_ has attended \_\_\_\_\_

for \_\_\_\_\_ years.

His / her record of positive behavior and good citizenship is:

Not meeting expectations

Meeting expectations

Exceeding expectations

Comments: \_\_\_\_\_

Principal Name: \_\_\_\_\_

Principal Signature: \_\_\_\_\_

**SECTION C: (COMPLETED BY THE STUDENT)**

Applicant's Sport History:

Number of Years Playing: \_\_\_\_\_

Circle which sport and level applies to you:

Baseball

Softball

PBL AAA AA A

A B C

Student's Expression of Interest:

"I want to be in the Sport Academy because...."

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Signature \_\_\_\_\_

**SECTION D (TO BE COMPLETED BY THE PARENTS)**

The Yale Baseball / Softball Academy costs \$1,800 for the year (Sept – Jan). I / we understand that the monthly fee will be \$180 for 10 months and I / we are willing / able to provide this for our child and hereby endorse and approve this application.

Parent / Guardian's Name:

Parent / Guardian's Signature:

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**SECTION E: (TO BE COMPLETED BY PROGRAM DIRECTOR)**

Accepted

Not Approved

Wait List

Academy Director Signature: \_\_\_\_\_

School District No. 34 (Abbotsford)  
**School Registration Form**

A child may only be registered in one school in the Abbotsford School District.  
 In the case of a family registering with multiple children please use one form per child.

Catchment School: _____	Requested/Placed School: _____																								
<p><b>STUDENT INFORMATION</b></p> Legal Last Name _____ Legal First Name _____ Usual Last Name _____ Preferred First _____ Legal Middle _____ No Middle Name <input type="checkbox"/> Birth Date _____ (dd-mmm-yyyy) Proof of Age: Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Citizenship Paper <input type="checkbox"/> Other Legal Document <input type="checkbox"/> _____ Home Phone _____ Grade _____ Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> <b>BUSSING</b> Is bussing needed: Y <input type="checkbox"/> N <input type="checkbox"/> If Yes please request a SD Transportation form.	<p><b>ADDRESS INFORMATION</b></p> Street Address _____ Apt. No. _____ City _____ Province _____ Postal Code _____ Proof of Residence <input type="checkbox"/> (see note below) Mailing Address (if different from above) _____ <b>ADMISSION INFORMATION</b> Previous School/PreSchool/StrongStart: _____ City & Province: _____ <b>KINDERGARTEN STUDENTS INFO ONLY</b> I would prefer: AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day <input type="checkbox"/> * *Please see Kindergarten registration information letter for eligibility criteria for a full-day Kindergarten Program.																								
<p><b>IMMIGRATION/CITIZENSHIP STATUS</b></p> Country of Birth _____ Language at Home _____ <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Status in Canada</th> <th style="text-align: center; border-bottom: 1px solid black;">Child</th> <th style="text-align: center; border-bottom: 1px solid black;">Parent</th> </tr> </thead> <tbody> <tr><td>Canadian Citizen</td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Permanent Resident/Landed Immigrant</td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Refugee</td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td></tr> <tr><td>International Student (<i>Funding Not Eligible</i>)</td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Student Visa</td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Employment Authorization</td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Visitor in Canada</td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td></tr> </tbody> </table>	Status in Canada	Child	Parent	Canadian Citizen	<input type="checkbox"/>	<input type="checkbox"/>	Permanent Resident/Landed Immigrant	<input type="checkbox"/>	<input type="checkbox"/>	Refugee	<input type="checkbox"/>	<input type="checkbox"/>	International Student ( <i>Funding Not Eligible</i> )	<input type="checkbox"/>	<input type="checkbox"/>	Student Visa	<input type="checkbox"/>	<input type="checkbox"/>	Employment Authorization	<input type="checkbox"/>	<input type="checkbox"/>	Visitor in Canada	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>ABORIGINAL ANCESTRY INFORMATION</b></p> Inuit <input type="checkbox"/> Metis <input type="checkbox"/> Non-Status <input type="checkbox"/> Status On Reserve <input type="checkbox"/> Status Off Reserve <input type="checkbox"/> Band Name _____ Band Number _____ <b>PROGRAM</b> ESL <input type="checkbox"/> Special Education <input type="checkbox"/> *Which program? _____ *My child has an IEP <input type="checkbox"/>
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<p><b>PARENTS/GUARDIANS</b></p> Relationship to student _____ Last Name _____ First Name _____ Living With Student Y <input type="checkbox"/> N <input type="checkbox"/> Same as Student Address Y <input type="checkbox"/> N <input type="checkbox"/> Address _____ Home Phone _____ Employed At _____ Work Phone _____ ext. _____ Cell Phone _____ Email _____ Are there any legal documents in force regarding any custody issues? N <input type="checkbox"/> Y <input type="checkbox"/> If so, please explain briefly _____ Are these documents available in the student's school file? N <input type="checkbox"/> Y <input type="checkbox"/>	Relationship to student _____ Last Name _____ First Name _____ Living With Student Y <input type="checkbox"/> N <input type="checkbox"/> Same as Student Address Y <input type="checkbox"/> N <input type="checkbox"/> Address _____ Home Phone _____ Employed At _____ Work Phone _____ ext. _____ Cell Phone _____ Email _____																								

\*\* In order for a child to be registered in an Abbotsford school, proof of address must be shown by presenting one of the following legal documents: **Mortgage Document, Rental or Lease Agreement, Property Sale Agreement or Property Tax Notice.**

**EMERGENCY CONTACT INFORMATION** (other than parent/guardian)

1) Last Name \_\_\_\_\_ 2) Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Relationship \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_ ext. \_\_\_\_\_ Work Phone \_\_\_\_\_ ext. \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_ Email \_\_\_\_\_

**SIBLING INFORMATION** (brothers/sisters including preschoolers in the same or a different school within the Abbotsford School District.)

	Sibling 1	Sibling 2	Sibling 3
Surname	_____	_____	_____
First Name	_____	_____	_____
Relationship	_____	_____	_____
School	_____	_____	_____
DOB	_____	_____	_____
Gender (Male/Female)	_____	_____	_____

**MEDICAL INFORMATION**

Doctor Name: \_\_\_\_\_ Phone \_\_\_\_\_

**Care Card Number:** \_\_\_\_\_

Allergies and Conditions: \_\_\_\_\_

Are any of these conditions life threatening? N  Y  If so, which \_\_\_\_\_

**Prescribed Medications (for Life Threatening Conditions):**

Type \_\_\_\_\_ Dosage \_\_\_\_\_  
 As per Policy 10.6, Administration of Medication to Students, and Form No. 10.6-1, Request for Administration of Medication at School

**STUDENT INFORMATION RELEASE**

In accordance with the Freedom of Information and Protection of Privacy Act, School District No. 34 requires consent to use personal information for purposes unrelated to educational programs.

**Release of Information to School District Personnel, Parent Advisory Councils and BC School Sports**

1. There are occasions when School and School District personnel would like to have contact with parents to consult them directly about school issues or meetings, or to plan school related activities (e.g. District-wide Parent Meeting discussions or Parent Advisory Council (PAC) events or feedback). To contact you for these purposes, consent is needed for the disclosure of your name, home address and phone number to school district personnel, Parent Advisory Councils or others responsible for organizing these types of activities. Your personal information will not be disclosed to anyone for business or commercial purposes. Any student participating in secondary athletics in Abbotsford will be registered with BC School Sports.

\_\_\_\_\_ Yes I give my consent for release of my home address, email, and phone number for purposes consistent with the above.  
 \_\_\_\_\_ No I do not permit the release of my home address and phone number.

**Images, Names and Media Coverage**

2. It is tradition in our school district to allow district staff and the media to use images of individual students and groups of students to commemorate events and to promote various educational, sports and cultural events taking place in the district. While images of students add to the community life of our school, they are not required for educational purposes. As such, consent for release of your child's name, image and comments is required. Students' names, images and comments may be published in the school yearbook or newsletter, and on occasion, in school district material such as newsletters, brochures, annual reports, school and district websites and other Internet-based communications medium that is operated under the authority of the Board of Education, or in news media such as local newspapers and on rare occasions, videos, dvds, or television footage,

\_\_\_\_\_ Yes I give my consent for the use of my child's name, image and comments for school publication purposes.  
 \_\_\_\_\_ No I do not permit the use of my child's name, image and comments for school publication purposes.

\_\_\_\_\_ Yes I give my consent for my child's name, image or comments to be used for media coverage purposes.  
 \_\_\_\_\_ No I do not permit the publication of my child's name, image or comments for media coverage purposes.

**COMPUTER AND INTERNET USAGE AND ACCESS**

\_\_\_\_\_ Yes I have read and agree to the terms and conditions as defined by SD34 (Abbotsford) Policy #9.210 with regards to Computer and Internet Usage and Access.

**Signed** (parent or guardian) \_\_\_\_\_

**Name** (printed) \_\_\_\_\_

**Date** (dd-mmm-yyyy) \_\_\_\_\_  
e.g. (03-MAR-2001)

**Office Use Only**

Date Rv'd \_\_\_\_\_ Time Rv'd \_\_\_\_\_  
 Received By \_\_\_\_\_  
 School Entry Date \_\_\_\_\_  
 PEN \_\_\_\_\_ BCeSIS # \_\_\_\_\_



## The Board of Education of School District No. 34 (Abbotsford)

### 2010-2011 OUT-OF-DISTRICT REQUEST

This form is to be completed by any student who lives outside the Abbotsford District, who is seeking to enroll in any middle or secondary school in Abbotsford. Complete this request form fully and return it to the Abbotsford School District office.

Your request will be considered as per policy 9.150 School Catchment Areas. Seats will be allocated in schools where the projected enrolment does not exceed the school's nominal capacity.

Attach your most recent report card to this request. The school district will contact you by June 15<sup>th</sup> to advise you of your acceptance into a school in Abbotsford.

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

Current Address: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Parent / Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of last School Attended: \_\_\_\_\_

City of Last School Attended: \_\_\_\_\_

Name of Counselor or Administrator at last school to be used as contact: \_\_\_\_\_

Phone Number of Contact: \_\_\_\_\_

Reason for applying: \_\_\_\_\_

Select your School(s) of Choice:

First School Choice: \_\_\_\_\_

Second School Choice: \_\_\_\_\_

Third School Choice: \_\_\_\_\_

Select your District Programs of Choice (if applicable): ('X' your choice below)

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Abbotsford Collegiate International Baccalaureate Program          |
| <input type="checkbox"/> | Abbotsford Collegiate Integrated Studies Program                   |
| <input type="checkbox"/> | Abbotsford Collegiate Sport and Human Performance Academy – Soccer |
| <input type="checkbox"/> | Abbotsford Collegiate – CTC Career Programs                        |
| <input type="checkbox"/> | Rick Hansen Secondary Studioworks Program                          |
| <input type="checkbox"/> | Rick Hansen Secondary Aviation Works Program                       |
| <input type="checkbox"/> | Yale Secondary Baseball Academy                                    |
| <input type="checkbox"/> | Yale Secondary Hockey Academy                                      |
| <input type="checkbox"/> | Abbotsford Middle International Bacclaureate Middle Years Program  |
| <input type="checkbox"/> | Abbotsford Middle Soccer Academy                                   |
| <input type="checkbox"/> | W.A. Fraser Middle Hockey Academy                                  |