



MTC Hockey Student Athlete Application Form 2012-2013

PROFILE INFORMATION

First Name:	Last Name:
Date of Birth:	Gender:
Grade:	Email:
Address:	City:
Phone:	Secondary Phone
Fathers Name:	Mothers Name:

PLAYER INFORMATION

Position:	Shot:
Height:	Weight:
Current Tier:	Past Team:
Past Coach's Name:	Past Academy:

SCHOOL INFORMATION

Former School:	Grade Completed:
Programming Required:	IPP:

Our Lady of Mount Carmel School

Phone: (780) 433-1062

Fax: (780) 439-0105

10524-76ave

Edmonton Alberta

T6E 1L3

WWW.MTCSports.COM

QUESTIONNAIRE

1. What do you think makes a strong academy student?

2. Describe what it means to be a student athlete?

3. What skills/attributes will you bring to MTC Hockey Academy?

4. What do you look to gain from MTC Hockey Academy?

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