

# DISTRICT SECONDARY ACADEMY PLAYER STATEMENT FORM



**NANAIMO LADYSMITH  
PUBLIC SCHOOLS**

For more information  
[ereg@sd68.bc.ca](mailto:ereg@sd68.bc.ca)  
[www.sd68.bc.ca](http://www.sd68.bc.ca)

Player Name

Academy applying to **(Select 1 only)**

Hockey      Soccer      Beach Volleyball      Lacrosse

**Students are responsible for ensuring that the registration package is completed and submitted with the online registration.**

**Please indicate your reasons for applying to the Academy. Please include your academic and athletic goals as they connect with your involvement in the academy.**

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Player Name

**Please indicate your reasons for supporting your son/daughter's application to the Academy:**

Complete this additional page only if you are applying for Lacrosse Academy

# CENTRAL ISLAND LACROSSE ACADEMY COACH CHECKLIST

(To be completed by a current or past coach)



## Player Information

Player Name	Position(s)
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Current Lacrosse Club <i>(if applicable)</i>
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Division	Level B    A
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## Coach Information

Name of Coach	E-mail
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## Player Qualities

Skill Development

Knowledge of Game

Fitness Level

Sportsmanship

Effort

Leadership

Other

Coach Signature
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