



# Notre Dame Academy

## Sports Academy Registration 2018-2019



Student Name: \_\_\_\_\_ Grade Registering For: \_\_\_\_\_

Is your child currently at NDA in an academy class? ☐ No ☐ Yes: Current Academy: \_\_\_\_\_

If not currently attending NDA, what school do you attend? \_\_\_\_\_

**In addition to the regular Grade 6-9 program, Notre Dame Academy also offers a specialized sports academy program.**

**To register for the Academy program, you must complete this form in addition to the NDA Registration Form.**

**Academy Registration forms will not be accepted unless accompanied by a completed NDA registration form.**

This program is intended for highly motivated students who wish to significantly advance their skill and knowledge of their sport. A very high standard will be set with regard to behaviour and work ethic. A willingness to meet this level will be the basis for advancing through the program. The cost of the academy program is \$950.00/year (if monthly payments are made) or \$900.00/year (if a one time payment is made). Academy students will also incur school fees if applicable.

### **PLEASE PRIORITIZE YOUR ACADEMY PREFERENCE (1,2,3,4)**

\_\_\_\_\_ Baseball \_\_\_\_\_ Hockey \_\_\_\_\_ Golf \_\_\_\_\_ Soccer

For students registering from outside our Division, your acceptance to Notre Dame Academy will be dependent upon meeting registration criteria. Please be advised that school administration may contact your child's previous schools prior to acceptance. Please be prepared to supply student's last report card and birth certificate.

### **PAYMENT OPTIONS (CHOOSE ONE):**

**OPTION 1** \_\_\_\_\_ I have enclosed a **\$95.00 deposit (payable June 1/18) and a VOID cheque** AND I authorize Notre Dame Academy to debit my account \$95.00/month (pre-authorized debit agreement attached) commencing: September 16, 2018 and continuing on the 16<sup>th</sup> of every month until the \$950.00 tuition is paid in full (September/18 to May/19 inclusive) **Total cost: \$950.00.** Please make cheques payable to Notre Dame Academy.

\_\_\_\_\_ Please initial to indicate that you understand that deposits are not refundable after June 1, 2018.

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**OPTION 2** \_\_\_\_\_ I would like to take advantage of the whole payment savings. I have enclosed a **\$95.00 deposit (dated June 1, 2018) AND I have attached a cheque for \$805.00 dated August 15, 2018.** **Total cost: \$900.00.** Please make cheques payable to Notre Dame Academy.

\_\_\_\_\_ Please initial to indicate that you understand that deposits are not refundable after June 1, 2018.

**NOTE: ALL ACADEMY REGISTRATIONS MUST INCLUDE A \$95.00 deposit dated June 1, 2018, AND a VOID cheque OR \$805.00 cheque dated August 15, 2018 to pay the balance of the academy tuition. If you are making monthly payments, you must complete the enclosed Pre-Authorized Debit Agreement**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

### **FOR OFFICE USE ONLY:**

ISSUER: \_\_\_\_\_

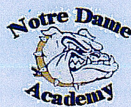
\$95 CHEQUE #: \_\_\_\_\_ \$805 CHEQUE #: \_\_\_\_\_

VOID CHEQUE #: \_\_\_\_\_ ☐ CAFT FORM RET'D

REVIEWED/APPROVED BY: \_\_\_\_\_

ACADEMY PLACEMENT: \_\_\_\_\_

DATE: \_\_\_\_\_



# NOTRE DAME ACADEMY

## Consent of Parent/Guardian & Acknowledgement of Risk

### Off-Site Activities During ACADEMY PROGRAMMING

To the Parent(s) or/Guardian(s) of: \_\_\_\_\_ Grade: \_\_\_\_\_

Academy: \_\_\_\_\_

Please read the contents of this Consent and Acknowledgement of Risk Form. Clarify any questions or concerns with the Lead Teacher BEFORE signing it.

**ALL STUDENTS REGISTERING FOR AN ACADEMY MUST COMPLETE AND RETURN THIS FORM.**

(this form must be completed in addition to the Notre Dame Field Trip Consent and Information form)

\*\*\*\*\* Please sign the back of this form and return with Academy registration. \*\*\*\*\*

Activity	Destination	Date and schedule	Purpose/Educational Goals	Potential Risk of Injury	Additional items needed	Method of Transportation	Volunteers/ Supervisors Needed
<b>Consent For Academy Activities – Grades 6 - 9</b>							
Indoor Soccer	FLC, Field House Moose Arena Hockey Hounds	Dates – TBA (Students will be notified ahead of time)	Training & Physical Education	Sprained/broken ankle, knee, wrist or fingers. Concussion, rug burn.	CLEAN indoor shoes or indoor cleats	Bus Transportation	None
Swimming	City Pool Facilities	Dates – TBA (Students will be notified ahead of time)	Alternate activity (Physical Education)	Slip on deck or drown. Sprained/broken ankle, knee, wrist, fingers or shoulder. Concussion.	Swim wear, towel, A quarter for a locker if desired	Bus Transportation	None
Bowling	Panorama Bowling Alley	Dates – TBA (Students will be notified ahead of time)	Alternate Activity (Physical Education)	Sprained/broken toe, foot, ankle, knee, wrist, fingers or shoulder. Concussion, slip on lane.	None	Bus Transportation	None
Dance	Southridge YMCA Gym and/or NDA Gym	Dates – TBA (Students will be notified ahead of time)	Alternate Activity (Physical Education)	Sprained/broken ankle, knee, wrist, fingers or shoulder. Concussion.	None	None	None
Nutritionist	Foods Study Lab	Dates – TBA (Students will be notified ahead of time)	Alternate Activity (Health)	Food allergy, cut fingers/hand.	None	None	None
Karate	Karate Do Academy	Dates – TBA (Students will be notified ahead of time)	Alternate Activity (Physical Education)	Sprained/broken ankle, knee, wrist, fingers or shoulder. Concussion.	None	Bus Transportation	None
Fitness Training	Medicine Hat College/Family Leisure Centre and/or NDA Fitness Centre, Temple Fitness	Dates – TBA (Students will be notified ahead of time)	Alternate Activity (Physical Education)	Sprained/broken ankle, knee, wrist, fingers or shoulder. Concussion.	Possible sun screen if done in spring or fall.	Bus Transportation	None
Wall Climbing/Spin Class/Raquet Ball/Wallyball	Medicine Hat YMCA	Dates – TBA (Students will be notified ahead of time)	Alternate Activity (Physical Education)	Sprained/broken ankle, knee, wrist, fingers or shoulder. Concussion.	None	Bus Transportation	None
Tennis and Soccer Tennis	Southridge Tennis Courts/Medicine Hat Tennis Club	Dates – TBA (Students will be notified ahead of time)	Alternate Activity (Physical Education)	Sprained/broken ankle, knee, wrist, fingers or shoulder. Concussion.	None	Walking or Bus Transportation	None
Floor Ball	Hockey Hounds or Moose Arena	Dates – TBA (Students will be notified ahead of time)	Alternate Activity (Physical Education)	Sprained/broken ankle, knee, wrist, fingers or shoulder. Concussion.	None	Bus Transportation	None
Golf	Cottonwood GC, Paradise Valley	Dates – TBA (Students will be notified ahead of time)	Alternate Activity (Physical Education)	Sprains, broken bones, concussions, insect/snake bites, drowning, lightning strike, dehydration, sun burn, heat stroke	Sunscreen, bug spray, hat, water bottle	Bus Transportation	Academy Instructors
Curling	Medicine Hat Curling Club, Redcliff Curling Club	Dates – TBA (Students will be notified ahead of time)	Alternate Activity (Physical Education)	Sprains, strains, broken bones, concussions, contusions, lacerations	Inside shoes, warm clothing	Bus Transportation	Academy Instructors
Batting Cages and Mini Golf	Dunmore Dugouts	Dates – TBA (Students will be notified ahead of time)	Training and Alternate Activity	Sprains, broken bones, concussions, insect/snake bites, lightning strike, dehydration, sun burn, heat stroke	Sunscreen, bug spray, hat, water bottle	Bus Transportation	Academy Instructors
Ball Hockey & Lacrosse	Kinplex 1 and 2	Dates – TBA (Students will be notified ahead of time)	Training and Alternate Activity	Sprained/broken ankle, knee, wrist, fingers or shoulder. Concussion.	None	Bus Transportation	None
Cycling	Strathcona, Kin Coulee	Dates – TBA (Students will be notified ahead of time)	Training and Alternate Activity	Sprained/broken ankle, knee, wrist, fingers or shoulder. Concussion, car accident, lightning strike.	None	Bus Transportation	None
Indoor Golf and PE games	Field House / NDA Gym	Dates – TBA (Students will be notified ahead of time)	Training & Physical Education	Sprained/broken ankle, knee, wrist or fingers. Concussion, rug burn.	CLEAN indoor shoes	Bus Transportation	None
Public Skating	TBD (FLC, Moose, Kinplex)	Dates – TBA (Students will be notified ahead of time)	Alternate Activity (Physical Education)	Sprained/broken ankle, knee, wrist, fingers or shoulder. Concussion. Scrapes/cuts	Skates	Bus Transportation	None
Cross Country Skiing / Snowshoeing	Police Point Park	Dates – TBA (Students will be notified ahead of time)	Alternate Activity (Physical Education)	Sprained/broken ankle, knee, wrist, fingers or shoulder. Concussion. Scrapes/cuts	Winter Outerwear	Bus Transportation	None
Sledge Hockey	TBD (FLC, Moose, Kinplex)	Dates – TBA (Students will be notified ahead of time)	Alternate Activity (Physical Education)	Sprained/broken ankle, knee, wrist, fingers or shoulder. Concussion, scrapes/cuts	Helmet and skates	Bus transportation	None
Wheelchair Basketball	NDA Gym or YMCA	Dates – TBA (Students will be notified ahead of time)	Alternate Activity (Physical Education)	Sprains, broken bones, contusions, lacerations, concussions	None	None	None



**The School will make every reasonable effort to ensure or ascertain that:**

1. The staff, volunteers and/or service provided involved are suitably trained and qualified.
2. The students are adequately supervised over all aspects of the program activity.
3. The location(s) used are appropriate and safe for the activity(ies) and group.
4. Equipment used has been inspected and deemed appropriate and safe.
5. A Safety Plan is in place to identify and manage known potential risks.

**CONSENT AND ACKNOWLEDGEMENT OF RISK**

**Destination/Activity/Program Date(s):**

1. I accept the mode of transportation for this activity.
2. I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school or board.
3. I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury arising from his/her participation.
4. My child has been informed they abide by the rules and regulations, including directions and instructions from the school's and/or service provider's administrators, instructors, and supervisors over all phases of the program/activity.
5. In the event my child fails to abide by these rules and regulations, disciplinary action may require my child's exclusion from further participation, or that I be contacted to have my child picked up, unless I have specified other transport arrangements.
6. I acknowledge that it is my responsibility to advise the Lead Teacher of any medical and/or health concerns of my child that may affect their participation in the stated program or activity.
7. I acknowledge that the trip supervisors may secure transport to emergency medical services

Please sign and return to the school

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Medical Concerns that need to be reminded or shared

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I have read and consent to my child(s) participating in the field trips outlined for this school year. I am aware of any additional risks associated with each activity.

Parent's name (please print) : \_\_\_\_\_

Parent Signature: \_\_\_\_\_

### Pre-Authorized Debit (PAD) Agreement/Academy Only

[illegible]

## TERMS AND CONDITIONS

- 1) I/We hereby authorize the Payee, in accordance with the terms of my/our account agreement with Processing Institution, to debit or cause to be debited the Account for the purposes indicated in the "Payment Type" section on page 1 of this Agreement.
- 2) Particulars of the Account that the Payee is authorized to debit are indicated in the "Payor Account" section on page 1 of this Agreement. A specimen cheque, if available for the Account, has been marked "VOID" and attached to this Authorization.
- 3) I/We undertake to inform the Payee, in writing, of any change in the Account information provided in this Authorization prior to the next due date of the PAD.
- 4) This Authorization is continuing but may be cancelled at any time upon notice being provided by me/us, either in writing or orally, with proper authorization to verify my/our identity within the specified number of days before the next Pre-Authorized Debit (PAD) is to be issued as noted on Page 1, "Cancel Payment" section. I/we acknowledge that I/we can obtain a sample cancellation form or further information on my/our right to cancel this Acknowledgement from Processing Institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca). I/we acknowledge that if I/we wish to cancel this Authorization or if I/we have any questions or need further information with respect to a Pre-Authorized Debit (PAD), I/we can contact the Payee at the telephone number, address, email or fax set out in this Agreement.
- 5) I/We may revoke this Authorization at any time by delivering a notice of revocation to the Payee **at least (30) business days** prior to the next due payment of the Pre-Authorized Debit. I/We agree that revocation of this Authorization does not terminate any other obligation between myself/ourselves and the Payee. This Authorization applies only to the method of payment and does not have any bearing on the contract for goods or services exchanged. The Payee may terminate this method of payment at any time without prejudice to its rights and remedies under the said obligation.
- 6) I/We acknowledge that provision and delivery of this Authorization to the Payee constitutes delivery by me/us to Processing Institution. Any delivery of this Authorization to the Payee constitutes delivery by the Payor.
- 7) If this Authorization is for fixed or variable amount business, personal or funds transfer PADs recurring at set intervals, unless I/we have waived any and all requirements for pre-notification of debiting in the "Waiver of Pre-Notification" section on page 1 of this Agreement, or unless the change in the amount of any such PAD will occur as a result of my/our direct action (such as, but not limited to, telephone instructions or other remote measures), I/we acknowledge I/we will receive:
  - a. with respect to fixed amount business or personal PADs, written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least **30** calendar days before the due date of the first PAD, and such notice will be received every time there is a change in the amount or the payment date(s); or
  - b. with respect to variable amount business or personal PADs, written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least **30** calendar days before the due date of every PAD; or
  - c. with respect to business, personal or funds transfer PADs, at least **30** calendar days written notice from the Payee of any change in the amount of the PAD which results from a change in any applicable tax rate, a top-up or other adjustment. No pre-notification will be given if the amount of the PAD decreases as a result of a reduction in municipal, provincial, or federal tax.

Pre-notification may be given in writing or in any form of representing or reproducing words in visible form, which, if I/we have provided an email address to the Payee, includes an electronic document.

The amount of pre-notification provided will change when there is a change in the pre-notification requirements contained in the CPA Rules.

- 8) I/We authorize the Payee to process this Pre-Authorized Debit (PAD) a second time if the first presentment is returned by my/Our Financial Institution for reasons: 901 (NSF) or 908 (Funds Not Cleared). I/We agree to pay any costs resulting from the representment.
- 9) I/We acknowledge that Processing Institution is not required to verify that a Pre-Authorized Debit (PAD) has been issued in accordance with the particulars of this Authorization, including, but not limited to, the amount.
- 10) I/We acknowledge that Processing Institution is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by the Payee as a condition to honoring a PAD issued or caused to be issued by the Payee on the Account.
- 11) I/We acknowledge that, if this Authorization is for personal or business PADs or for funds transfer PADs that I/We have recourse through the clearing system, a PAD may be disputed but only under the following conditions:
  - a. the PAD was not drawn in accordance with this Authorization;
  - b. this Authorization was revoked; or
  - c. pre-notification was required and was not received.

I/We further acknowledge that in order to be reimbursed, a declaration to the effect that either (a), (b), or (c) took place must be completed and presented to the branch of the Processing Institution holding the Account on or before the 90th calendar day in the case of a personal PAD or a Funds Transfer PAD that has recourse through the clearing system or, in the case of a Business PAD, on or before the 10th business day, in each case after the date on which the PAD in dispute was posted to the Account.

- 12) I/We acknowledge that any claim made after the periods set out above must be resolved solely between me/us and the Payee and there is no entitlement to reimbursement from the Processing Institution.
- 13) I/We acknowledge and agree that if this Authorization is for funds transfer PADs the Payee does not provide recourse through the clearing system, then no recourse will be provided through the clearing system (that is, I/we will not receive automatic reimbursement in the event of a dispute) and I/we must seek reimbursement or recourse from the Payee in the event a PAD is erroneously charged to the Account.
- 14) Unless this Authorization is for a funds transfer PAD that does not have recourse through the clearing system, I/we acknowledge that I/we have certain recourse rights if a debit does not comply with this Authorization. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Authorization. To obtain more information on my/our recourse rights I/we can contact Processing Institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).
- 15) I/We acknowledge that I/we understand that I/we are participating in a PAD plan established by the Payee and I/we accept participation in the PAD plan upon the terms and conditions set out herein.
- 16) I/We consent to the disclosure of any personal information that may be contained in this Authorization to the financial institution that holds the account of the Payee to be credited with the PAD to the extent that such disclosure of personal information is directly related to and necessary for the proper application of Rule H1 of the Rules of the Canadian Payments Association.