



# The Detroit Preparatory Sports Academy

## Application

Congratulations and welcome to the Detroit Preparatory Sports Academy Family. Your participation as a parent and/or guardian is critical to your child's success as well as making our organization the best it can be.

Please feel free to contact us to meet the staff, visit the facility, and ask any questions you may have about our organization, our program or how you can easily enroll your student for the upcoming school year. The Detroit Preparatory Sports Academy is excited to play an active role in the academic and athletic development of our young players. We look forward to meeting your family, and are eager to share our talents, experience and ambition as your young player develops into the student and athlete they aspire to be.

Michigan premier academic and athletic progressive training program will be led by former Red Wing, 11 year NHL pro and current NHL coach, Manny Legace. Joining Manny will be his highly qualified academic and athletic staff with over 45 years of combined coaching experience.

Our academic leadership team is led by Dale George ( [Dale@DetroitPrepSportsAcademy.com](mailto:Dale@DetroitPrepSportsAcademy.com) ).

***Completing the information within this document accurately and completely is extremely important and will ensure that your player is prepared and ready for a wonderful experience from the very first day of school.***

***When complete, please submit this application and current copy of applicants' transcripts or most recent report card to [Gigi@DetroitPrepSportsAcademy.com](mailto:Gigi@DetroitPrepSportsAcademy.com) .***





## Student Information

Full Name:			
Birth Date:			
School Currently Attending:			
Grade Entering:	Previous Year GPA:		Cummulative GPA:
High School Credits Earned:	Class	Grade Earned	School
Apparel:	Jacket Size:	Pant Size:	
Phone Number:			
Email:			
Address:			

## Hockey Information

### Previous Season

Hockey Association:	
Team:	
Position:	
Playing Level:	
Coaches Name:	
Coaches Email:	
Coaches Phone Number:	

### Current Season

Hockey Association:	
Team:	
Position:	
Playing Level:	
Coaches Name:	
Coaches Email:	
Coaches Phone Number:	



### Student Social Media Information

All students are a reflection of the Academy, our academic and athletic coaches monitor our students social media presence to make certain they are upholding the expectations of the Academy. Please indicate the appropriate student links for the various social media outlets below.

Facebook:	
Instagram:	
LinkedIn:	
Twitter:	
Comments or Notes:	

### Parent Information

Fathers Name:	
Phone Number:	
Email:	
Address (if different):	
Mothers Name:	
Phone Number:	
Email:	
Address (if different):	

### Billet / Guardian Information (if applicable)

Guardian Name(s):	
Relationship:	
Phone Number(s):	
Email(s):	
Address:	



### Emergency Contact Information

Emergency Contact(s):	<input type="checkbox"/> Father (see previous page) <input type="checkbox"/> Mother (see previous page) <input type="checkbox"/> Billet / Guardian (see previous page) <input type="checkbox"/> Other (enter information below)
Emergency Contact (Other):	
Relationship:	
Phone Number(s):	
Email(s):	
Address:	

### Medical Information

Health Insurance Provider:		
Group Number:		Policy Number:
Family Doctor:		
Allergies:		
Medications:		
Known Restrictions:		
Known Medical Conditions:		
Notes:		

### Consent to Treat

This is to certify that on this date, as parent or guardian of this registered student, I give my consent to The Detroit Preparatory Sports Academy and its medical representatives to obtain medical care from any licensed physician, hospital, or clinic for the above mentioned participant, for any injury that could arise from participation.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

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