



# Waterville Valley ACADEMY

PO Box 270 Waterville Valley, NH 03215

phone: 603-236-4246 fax: 603-236-9906 email: contact\_us@gowva.org

## Training Only Application for Admission 2018-2019

<b>Applicant Name</b> _____	<b>Application #</b> _____ (Internal Use Only)
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Thank you for your interest in Waterville Valley Academy.

Please return all items in the below Application Procedure Checklist to:	For more information about Waterville Valley Academy or to set up an interview and tour please contact:
<b>Waterville Valley Academy Admissions</b>	<b>Kimberly Berman Director of Admissions</b>
PO Box 277	Phone-603-236-4246 x115
Waterville Valley, NH 03215	Fax-603-236-9906
	e-mail-KBerman@goWVA.org

### Application Procedure Checklist

- Application Form signed and returned by Applicant and Parent
- \$50 Application Fee US payable to Waterville Valley Academy

<b>Program Type Applied For:</b>	<input type="checkbox"/> Alpine Racing	<input type="checkbox"/> Freestyle	<input type="checkbox"/> Snowboard
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		<b>Deposit before 5/31/18</b>	<b>Deposit after 5/31/18</b>
	<b>Program Length</b>	<b>Training Only</b>	<b>Training Only</b>
<input type="checkbox"/>	PG Training Only <i>July 1, 2018 – June 30, 2019</i> (post high school) Alpine Only*	\$20,600	\$21,012

<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
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For Internal Use Only:	
<b>Applicant #:</b> _____	<b>Acceptance Date:</b> _____
<b>Program Type:</b> <input type="checkbox"/> Alpine Racing <input type="checkbox"/> Freestyle <input type="checkbox"/> Snowboard	<b>Applicant Accepted by</b> _____
<b>Residence Status:</b> Training Only <b>Program:</b> <input type="checkbox"/> <b>Training/Winter Season 2018 / 2019</b>	<b>Director of Admissions:</b> _____ <b>Head Coach for applicable Snow Sport:</b> _____ <b>Director of Athletics:</b> _____ <b>CEO:</b> _____

**Applicant Information**

\_\_\_\_\_  
 First Name                                      Middle Name                                      Last Name

\_\_\_\_\_  
 Street Address                                      City                                      State                                      Zip Code

\_\_\_\_\_  
 Mailing Address (if different from street address)                                      City                                      State                                      Zip Code

\_\_\_\_\_  
 Applicant Home Phone #                                      Applicant Cell Phone #                                      Applicant e-mail Address

\_\_\_\_\_  
 Age as of Date of Application                                      Date of Birth                                      Place of Birth

\_\_\_\_\_  
 Country of Citizenship                                      Applicant Social Security Number

Is the Applicant under an IEP or 504 Plan? \_\_\_\_\_ If so, please provide a copy.  
    Yes                                      No

Has the Applicant been dismissed or withdrawn from school for any reason or been in any other disciplinary difficulty outside of school? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_  
    Yes                                      No

\_\_\_\_\_

\_\_\_\_\_

**Family Information****Mother**

\_\_\_\_\_  
 First Name                                      Middle Name                                      Last Name

\_\_\_\_\_  
 Street Address (if different from Applicant's)                                      City                                      State                                      Zip Code

\_\_\_\_\_  
 Mailing Address (if different from Applicant's)                                      City                                      State                                      Zip Code

\_\_\_\_\_  
 Mother's Home Phone #                                      Mother's Cell Phone #                                      Mother's Work Phone #

\_\_\_\_\_  
 Mother's Occupation                                      Mother's Place of Employment                                      Mother's e-mail Address  
    (Company & Address)

Best way to contact Mother: \_\_\_\_\_

## Father

\_\_\_\_\_  
 First Name    Middle Name    Last Name

\_\_\_\_\_  
 Street Address (if different from Applicant's)                  City                  State                  Zip Code

\_\_\_\_\_  
 Mailing Address (if different from Applicant's)                  City                  State                  Zip Code

\_\_\_\_\_  
 Father's Home Phone #                  Father's Cell Phone #                  Father's Work Phone #

\_\_\_\_\_  
 Father's Occupation                  Father's Place of Employment  
 (Company & Address)                  Father's e-mail Address

Best way to contact Father: \_\_\_\_\_

\_\_\_\_\_  
 Sibling Name                  Age                  School

\_\_\_\_\_  
 Sibling Name                  Age                  School

\_\_\_\_\_  
 Sibling Name                  Age                  School

\_\_\_\_\_  
 Sibling Name                  Age                  School

Applicant lives with:  Mother     Father     Both     Other: \_\_\_\_\_

Where should admissions materials be sent?  Mother     Father     Both     Other: \_\_\_\_\_

Where should bills be sent?  Mother     Father     Both     Other: \_\_\_\_\_

Check if appropriate:  Father Deceased     Parents Divorced     Father Remarried  
 Mother Deceased     Parents Separated     Mother Remarried

If parents are divorced or separated who has legal custody of the Applicant? \_\_\_\_\_

**Athletic Information**

Current Snowsports Program Name \_\_\_\_\_ Coach Name \_\_\_\_\_ Coach Phone # and e-mail \_\_\_\_\_  
that Applicant participates in

**USSA # \_\_\_\_\_ (All Athletes)**

**Alpine Only:** USSA National Points: SL \_\_\_\_\_ GS \_\_\_\_\_ SG \_\_\_\_\_ DH \_\_\_\_\_

**Alpine Only:** FIS # \_\_\_\_\_ FIS Points: SL \_\_\_\_\_ GS \_\_\_\_\_ SG \_\_\_\_\_ DH \_\_\_\_\_

**Alpine Only:** U12, 14, 16 Accomplishments: \_\_\_\_\_

**Freestyle Only:** Top Results and Performances: Moguls \_\_\_\_\_ Aerials \_\_\_\_\_ Big Air \_\_\_\_\_

Half Pipe \_\_\_\_\_ Slopestyle \_\_\_\_\_

**Snowboard Only:** Top Results and Performances: SL \_\_\_\_\_ GS \_\_\_\_\_ HP \_\_\_\_\_

BC \_\_\_\_\_ Slopestyle \_\_\_\_\_

**Past Competition Programs and Training Camps:**

\_\_\_\_\_  
Name of Program \_\_\_\_\_ Coach \_\_\_\_\_

\_\_\_\_\_  
Name of Program \_\_\_\_\_ Coach \_\_\_\_\_

\_\_\_\_\_  
Name of Program \_\_\_\_\_ Coach \_\_\_\_\_

Athletic Interests/Athletic Achievements other than the Applicant's snowsport: \_\_\_\_\_

\_\_\_\_\_

**Other**

How did you hear about Waterville Valley Academy? \_\_\_\_\_

\_\_\_\_\_

List relatives who have attended Waterville Valley Academy and years attended: \_\_\_\_\_

\_\_\_\_\_

WVA does not discriminate on the basis of race, color, national or ethnic origin, sex, sexual orientation or disability in its administration of its educational, athletic or admission policies or in other programs or policies administered by WVA.

\_\_\_\_\_  
Signature of Applicant

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date