



## Pacific Coast Hockey Academy Waiver

By signing this waiver, parents/guardians grant the PCHA Director, Kelly Shields, permission to communicate with my son/daughters' home school teachers and counselors about his or her academic progress, timetabling, and all other academic needs.

---

(Print Student's Name)

---

(Print Parent/Guardian's Name)

---

(Parent /Guardian Signature)

---

(Date)

**Kelly Shields**  
Director - PCHA  
kshields@pcha.ca  
250 532-3838

Address: Suite 207-1097 Langford Pkwy, Victoria BC, V9B 0A5

[www.pcha.ca](http://www.pcha.ca)

**"Nurturing today's student athlete for tomorrows world"**