



## High Performance Athlete Program Application Form

### Mission

The High Performance Athlete (HPA) program is designed to provide accommodations for high-volume, specialized athletes who are currently competing at provincial and/or national levels in their sport(s).

These athletes enrol in the HPA program because they require additional timetable support that will enable them to attend practices and compete during times that would typically conflict with otherwise-regular academic programming.

Students enrolled in the HPA program complete regular assignments to satisfy Cooperative Education course credit requirements. These assignments include regular visits to training locations and ongoing communication between the school and sport coach(es). Please review the HPA Requirements for Admittance document for further information.

STUDENT NAME: (Full Name)			
DATE OF BIRTH: (DD/MM/YR)		CURRENT GRADE	
STUDENT ADDRESS:			
<b>PARENT/GUARDIAN INFORMATION</b>			
PARENT/GUARDIAN NAME:			
PARENT/GUARDIAN PHONE:			
PARENT/GUARDIAN EMAIL:			
PARENT/GUARDIAN SIGNATURE:			
EMERGENCY CONTACT NAME AND RELATIONSHIP:			
EMERGENCY CONTACT PHONE:			

SPORT INFORMATION			
SPORT OF COMPETITION:			
POSITION OR AREA OF SPECIALTY (If Applicable):			
LEAGUE/LEVEL OF COMPETITION:			
TRAINING COMPETITION ACCOMODATION REQUIRED: <i>(In this space, provide information explaining why you would require the additional accommodations provided by the High Performance Athlete Program)</i>			
COACH INFORMATION			
NAME OF COACH:			
ORGANIZATION:			
CERTIFICATION LEVEL & NCCP #:			
ADDRESS:			
PHONE NUMBER:			
EMAIL ADDRESS:			
PREFERED CONTACT METHOD:			
TRAINING INFORMATION			
NAME OF CLUB/TEAM:			
TRAINING CENTRE NAME:			
TRAINING CENTRE ADDRESS:			
CLUB/TEAM INSURANCE COMPANY AND POLICY NUMBER:		POLICY NUMBER:	
TO WHAT EXTENT DO YOU EXPECT THE TRAINING AND COMPETITION SCHEDULE FOR THIS ATHLETE TO CONFLICT WITH REGULAR ACADEMIC CLASS SCHEDULES (Monday through Friday 8:30am TO 3:30pm)?			

INDICATE EACH PORTION OF A TYPICAL TRAINING YEAR FOR THIS ATHLETE USING A RANGE OF MONTHS (for example: January - May) TO PROVIDE AN OUTLINE OF THE ANNUAL TRAINING YEAR. IF THIS ATHLETE COMPETES ON A YEAR-ROUND BASIS THAT IS DEFINED BY A COMPETITIVE 'SEASON' PLEASE CHOOSE THE YEAR-ROUND COMPETITION OPTION.		
OFF-SEASON:	Start:	Finish:
PRE-SEASONS:	Start:	Finish:
COMPETITIVE SEASON:	Start:	Finish:
POST-SEASON:	Start:	Finish:
THIS ATHLETE COMPETES ON A YEAR-ROUND COMPETITION SCHEDULE _____		

In the space below, provide an example of an average week of training for this student:							
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Type of Training Session(s)							
Duration of Training (number of hours)							
Level of Intensity (Low/Moderate/High)							

## Insurance Coverage

### Workplace Safety and Insurance Act, 1997

Students participating in the HPA program are not eligible for WSIB coverage by the Ministry of Education. Equivalent insurance coverage must be provided by the training organization or through personal insurance policies.

### Board Insurance

Students and training organizations are insured against a lawsuit arising out of the negligence of the student while performing duties within the co-op assignment. The board does not cover personal injuries to students.

### Student Accident Insurance

It is highly recommended that all HPA students purchase Student Accident Insurance.

### Municipal Freedom of Information (FOIPOP)

Pursuant to subsection 29(2) of The Municipal Freedom of Information and Protection of Privacy Act, and under the authority of the Education Act, the personal information obtained for the purposes of Cooperative Education, Apprenticeship and School-Work Programs will be used for the on-going administration of appropriate placements. If you have any questions about the information collected, please contact the Administrator of Community-Based Education at 416-969-8131 or 905-727-3141.

### Approval Criteria & Requirements for Consideration

**Under the following conditions, I hereby agree to the participation of the above-named student in an HPA Cooperative Education Program of the York Region District School Board:**

1. The student-athlete must be involved in a qualifying sport\* and be competing at the provincial level or higher.
2. Training must be under the supervision of a certified coach (**not a parent/guardian**).
3. The student-athlete must meet a training hour requirement of 110 hours per credit.
4. Training season must align with the school year and semester.
5. Training must occur in an insured and licensed facility.
6. Completion of required documents:
  - a. YRDSB High Performance Athlete Application Form
  - b. YRDSB HPA Coach's Reference Form
  - c. HPA Protocol Agreement
  - d. Provincial or National Sport Organization Verification Letter
  - e. Signed Co-op Statement of Understanding
  - f. Subject Teacher Reference Form (for any student entering their FIRST year of the HPA program)
7. The student-athlete must successfully complete the HPA pre-counselling process.
8. The proposed training supervisor must meet the expectations of the pre-placement safety assessment as conducted by the teacher and be willing to sign the HPA Protocol Agreement and Work Education Agreement.
9. The student-athlete must reapply for the program on a yearly basis.
10. All student-athletes enrolled in the HPA program are eligible to earn equivalent Cooperative Education credits related to their in-school courses. These credits count towards the requirements for an Ontario Secondary School Diploma.

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Student Signature	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Parent/Guardian Signature	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Teacher Signature
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Year/Month/Day	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Year/Month/Day	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Year/Month/Day

#### OFFICE USE ONLY:

- Signed YRDSB High Performance Athlete Application Form (including insurance information)
- Signed YRDSB HPA Coach's Reference Form
- Signed HPA Protocol Agreement
- Signed Provincial or National Sport Organization Verification Letter
- Signed Co-op Statement of Understanding
- Signed Subject Teacher Reference Form (for any student entering their FIRST year of the HPA program)