



## High Performance Athlete Program Application Form

### Mission

The High Performance Athlete (HPA) program is designed to provide timetable support to student-athletes who are competing at a provincial, national, or international level in an eligible sport to enable them to attend their regular training and compete during times that would typically conflict with otherwise-regular academic programming.

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:			
<b>SPORT INFORMATION</b>			
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>			

<b>COACH INFORMATION</b>		
NAME OF COACH:		
ORGANIZATION:		
NCCP LEVEL:		
NCCP NUMBER:		
CONTACT INFORMATION (PHONE NUMBER OR E-MAIL ADDRESS)		
<b>TRAINING INFORMATION</b>		
NAME OF CLUB/TEAM:		
TRAINING CENTRE NAME:		
TRAINING CENTRE ADDRESS:		
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:
<input type="checkbox"/> 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)							

**Under the following conditions, I hereby agree to the enrolment of the above-named student as an HPA student of the York Region District School Board:**

1. Student-athletes must attend their regular training and compete during times that would typically conflict with otherwise-regular academic programming.
2. The student-athlete must be competing in a qualifying sport\* at the provincial, national or international level.
3. Training must be under the supervision of a certified coach (**not a parent/guardian**).
4. The number of hours of training is a minimum of 15 hours per week.
5. Completion of required documents:
  - a. YRDSB High Performance Athlete Application Form
  - b. Provincial or National Sport Verification Letter
6. The student-athlete must reapply for the program on a yearly basis.

\*Please speak to your school for qualifying sports.

Student Name:	Student Signature:	Date:
Parent/Guardian Name:	Parent/Guardian Signature:	Date:
Coach Name:	Coach Signature:	Date:
School Representative Name:	School Representative Signature:	Date:

**OFFICE USE ONLY:**

- Signed YRDSB High Performance Athlete Application Form
- Signed YRDSB Provincial or National Sport Verification Letter