



High Performance Athlete Program Renewal Form

Student Name: _____

I require SEMESTER 1 SEMESTER 2 BOTH

I require the credit in FIRST PERIOD LAST PERIOD

Sport	
List Competitions (Provincial/National/International)	
Training Centre	
Ranking: Date: _____	Provincial National International
Name of Coach:	
Website to Confirm:	

Explain why you require HPA for the upcoming School Year (include goals):

Outline/Attach your Monthly Training Schedule

DAY	MON	TUES	WED	THURS	FRI	SAT	SUN
TIME (from-to)							
TOTAL HOURS							

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____