

## **SSF LTAD Application 2017/18**

### **Purpose of LTAD and SSF**

**Long Term Athlete Development** and **Sport Specific Fitness** courses require student-athletes to build, plan, and execute individualized strength and conditioning plans. As a result, these courses require participating students to be:

- **self-directed**
- **motivated daily**
- **dedicated to fitness**
- **receptive to a holistic training approach**
- **receptive to constructive feedback.**

Additionally, these courses require specific expectations and assignments to be completed independently and often virtually, outside of class time.

The submission due date for this application is **March 1<sup>st</sup>, 2017**. Please be sure to complete the entire process and include all requirements for this application. Submitting a complete application is the responsibility of you, the applicant. Incomplete applications or applications submitted after the deadline will not be accepted and student applicants will therefore forfeit their request to be considered for these courses. **\*\*Please do not select SSF on career cruising. Please select the HPE course that you would take if you were not taking SSF. If your application is accepted, Guidance will correct your timetable.**

<b>Name:</b>	<b>Student Number:</b>	
<b>DOB:</b>	<b>e-mail:</b>	<b>Primary Sport:</b>
<b>Cell Number:</b>	<b>Home Number:</b>	
<b>Parent/Guardian(S) Name:</b>		
<b>Work Number:</b>	<b>Cell Number:</b>	
<b>State your main competitive season (month to month)</b>		
<b>Level of Play (Please <input checked="" type="checkbox"/> only ONE selection below)</b>  <b>High Performance</b> [ ] (Provincial, National, Top Division of Competitive club League such as JUEL or AAA hockey)  <b>OR</b>  <b>Competitive</b> [ ] (club competition below top division, high school team tier 1)		<b>Team Name and Level designation:</b>
		<b>Team Name and Level designation:</b>
<b>Most Recent HPE Course:</b>	<b>HPE Grade:</b> %	

**SSF    LTAD    Which course would you prefer? SSF – 1 Semester ONLY or LTAD – full year**

**SE 1    SE 2    In which semester would you prefer to take your SSF?**

**Y        N        If the course cannot be timetabled in the semester you want, would you still consider enrolling in the course in the other semester? If not, what HPE course would you want instead? \_\_\_\_\_**

**Y        N        Do you currently complete regular strength and conditioning workouts (3 to 4 times per week) outside of your HPE class?**

**Y        N        If yes to the above, would this continue if you got into SSF or LTAD and could you complete these workouts during school?**

**Y        N        Does your coach/trainer support you in taking this course and understand what it is all about in terms of expectations around training? Please list your coach's name and contact information below.**

**Name and Phone # or e-mail: \_\_\_\_\_**

**Y        N        Can you work independently, demonstrate initiative and follow all safety rules? Referencing your Learning Skills from your most recent Report Card, explain how you would do this given what you know about these courses.**

**Would teachers describe you as a self-directed, self-motivated student? Why or why not? What does motivate you to do your best?**

**Please identify two specific athletic goals you wish to attain in the next four years. Include: level of play, team, ranking, time etc.**

**1. \_\_\_\_\_**

**2. \_\_\_\_\_**

What role do you envision fitness playing in reaching your sport goals?

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For the semester you have requested to take this course, please complete the following week-at-a-glance calendar. Remember to include all sport practice, individual training, and current strength and conditioning.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time From - To							
Total Hours							

Total Number of Training Hours, outside of school, per week: \_\_\_\_\_

Imagine that you are enrolled in the SSF or LTAD course. Fill out what your schedule would look like with daily workout sessions inserted. For each day, include a basic component of fitness you would like to target during class (ie. lower body power, active recovery, upper body strength, etc.)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time From - To							
Total Hours							

## **Teacher Reference 1**

Please give this questionnaire to any **teacher of your choice**. Please instruct them to place in Ms. Palm's mailbox once completed and let you know that they have done so.

Dear Teachers,

Thank you for taking the time to complete this questionnaire for the SSF/ LTAD applicant. These courses require participating student-athletes to build, plan and execute an individualized strength and conditioning plan with minimal supervision. It also requires academic assignments to be completed independently and often virtually, outside of class time.

Please be honest in your assessment of this candidate as safety is a necessary consideration for these courses. We also want to make sure we are placing students in an environment in which they can thrive and be successful, so learning skills play a large role in your assessment.

Teacher Name: \_\_\_\_\_ Student Name: \_\_\_\_\_

Subject taught to candidate: \_\_\_\_\_

1. Ability to work independently (1 being poor, 5 being excellent)

1       2       3       4       5

2. Self-motivation/Self-direction (1 being poor, 5 being excellent)

1       2       3       4       5

3. Time-management/meeting deadlines (1 being poor, 5 being excellent)

1       2       3       4       5

4. Uses equipment properly and safely (1 being poor, 5 being excellent)

1       2       3       4       5       N/A

Please include any reasons or considerations as to why you think this person **MAY or MAY NOT** be a good candidate for this specialized fitness course.

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Thank-you again for your time and consideration.

Please return completed assessment to Ms Palm's mailbox.

## **Teacher Reference 2 (Must be an HPE Teacher)**

**HPE Teacher Reference** – please give this reference sheet to a **Physical Education teacher you have had at BCSS**. Please instruct them to put it Ms. Palm's mailbox once completed and let you know they have done so.

Dear Teachers,

Thank you for taking the time to complete this questionnaire for the SSF/ LTAD applicant. These courses require participating student-athletes to build, plan and execute an individualized strength and conditioning plan with minimal supervision. It also requires academic assignments to be completed independently and often virtually, outside of class time.

Please be honest in your assessment of this candidate as safety is a necessary consideration for these courses. We also want to make sure we are placing students in an environment in which they can thrive and be successful, so learning skills play a large role in your assessment.

Teacher Name: \_\_\_\_\_ Student Name: \_\_\_\_\_

Subject taught to candidate: \_\_\_\_\_

- |    |   |
|----|---|
| 1. | Ability to work independently (1 being poor, 5 being excellent)       |
|    | 1      2      3      4      5   |
| 2. | Self-motivation/Self-direction (1 being poor, 5 being excellent)      |
|    | 1      2      3      4      5   |
| 3. | Time-management/meeting deadlines (1 being poor, 5 being excellent)   |
|    | 1      2      3      4      5   |
| 4. | Uses equipment properly and safely? (1 being poor, 5 being excellent) |
|    | 1      2      3      4      5      N/A                                |

Please include any reasons or considerations as to why you think this person MAY or MAY NOT be a good candidate for this specialized fitness course.

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Thank-you again for your time and consideration.