



# High Performance Athlete (HPA) Program

## APPLICATION FORM

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Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Month Day Year

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Sport/Activity: \_\_\_\_\_

Level of Performance:  National  Provincial

Previous School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Are you interested in SHSM:  Yes  No  Unsure

Recent Photo

For office use only

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Mother/Guardian Name: \_\_\_\_\_ Father/Guardian Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Address (if different): \_\_\_\_\_

Postal Code: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Phone / Cell #

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I live at my parents' address: \_\_\_\_\_  
# Street City Postal Code

OR

I live at: \_\_\_\_\_  
# Street City Postal Code

Home Phone: \_\_\_\_\_

Name of Legal Guardian: \_\_\_\_\_ Relation: \_\_\_\_\_

Legal Guardian Business Phone: \_\_\_\_\_ Legal Guardian Cell: \_\_\_\_\_

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Coach's Name: \_\_\_\_\_ Club Affiliation: \_\_\_\_\_

Home Address: \_\_\_\_\_  
# Street City Province

Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Business: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Coaching Level:  Provincial  National  Other \_\_\_\_\_

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Name of Club/Team: \_\_\_\_\_

Training Centre: \_\_\_\_\_

Address: \_\_\_\_\_  
# Street City Province

Postal Code: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Insurance Company / Policy Number: \_\_\_\_\_

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Please comment on your level of performance and/or intentions for this coming school year (i.e. ranking, level of competition, major tournament results, articles, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please outline your weekly training schedule (days and times):

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

Number of Hours of Training/Week: \_\_\_\_\_

**ATHLETE**

Write a short paragraph explaining why you would benefit from this program. Give consideration to how you would maximize the use of your time.

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**CREDIT HISTORY**

Please attach your current Credit Counselling Summary (available through Guidance).

**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**

- All HPA students must have Student Accident Insurance.

**MUNICIPAL FREEDOM OF INFORMATION (FOIPOP)**

Pursuant to subsection 29(2) of The Municipal Freedom of Information and Protection and 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**

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.

- Student successfully completes the YRDSB Cooperative Education Program's "Steps for Selection Process."
- Student signs and demonstrates an understanding of the Cooperative Education Student Handbook and Statement of Understanding.
- Student demonstrates an understanding of the pre-placement expectations prior to placement.
- HPA Protocol Agreement is in place.

Student's Signature

Parent/Guardian Signature

Teacher's Signature

Year/Month/Day

Year/Month/Day

Year/Month/Day

## Office Administration

### ✓ STUDENT CHECK-LIST

- Application
- Coach's Reference
- Signed Statement of Understanding
- Credit Counselling Summary
- Teacher Reference (optional)
- Media Release Form
- HPA Protocol Agreement