

## High Performing Athlete Coach Reference – Jan./Feb. 2026

Athlete Information						
Last Name:		First Nar	First Name:			
Age:	Sport/Activity:					
Level of Performance	: National	Provincial				
Please complete the	following as the Pro	ovincial/National le	vel training supervisor for this student-athlete			
Coach's Name:						
Team / Club Affiliation	n:					
Competitive League (	if applicable):					
Business Number/Ce	II Phone:					
Email Address:						
Training Centre/Locat	tion:					
How long have you w						
<u>Performance</u>						
Please comment on t results etc.) and/or th		•	e. ranking, level of competition, major tournament ee.			
Please comment on t	he coachability and	d attitude of applicar	nt.			





## **Training Schedule**

Please outline your student-athlete's weekly training schedule (days and times). Please indicate any training that is NOT associated with your primary training/team with an \*.

Games and competitions are not to be included.

Note: For team sports, hours of private / elective training will not be included when calculating the minimum requirement. Hours must be team related training.

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

In order to be eligible for TDSB High Performing Athlete hub, student-athletes must be:

- Training for a minimum of 12 hours (elementary)/15 hours (secondary) per week with a maximum of 3 hours being on the weekend
- Competing at a Provincial level (i.e. recognized by a provincial/national standard)

Examples of Eligible Competition/Performance	Examples of Ineligible Competition/Performance		
Athletes with Provincial or National level standings (e.g. Competitive Swimming National Qualifying Times, Golf Canada handicap)	Rep teams playing in local or provincial leagues e.g. Ontario Volleyball Association		
Athletes participating on Junior Provincial, Provincial, Junior National or National level teams	Greater Toronto Hockey League Greater Metro Hockey League Toronto Baseball Association Greater Toronto Baseball League Ontario Basketball Association Toronto Soccer Association Ontario Lacrosse Association		

I verify that the applicant meets the training requirements and the competition/performance levels required for eligibility:

Coach Name (print)

Coach Signature

Date

Once completed, please submit this form via email to <u>HPA@tdsb.on.ca</u> from your professional email address. Please include the student-athlete/applicant's First and Last name in the subject line.