

Athlete Information

Name: Last Name

First Name

Date of Birth:

Age:

Current Grade:

Sport/Activity:

Level of Performance:

National

Provincial

If there are two eligible sports, please complete an application form for each sport.

Please complete one of the following 2 sections

Training Supervisor: Individual Sports

Coach's Name:

Club Affiliation:

Competition/Age Level (if appropriate):

Business Number/Cell Phone:

Email Address:

Training Centre/Location:

My coach is aware that I am applying to this program and I give permission for TDSB Staff to contact my Coach for the purposes of potential placement in a HPA hub.

Training Supervisor: Team Sports

Provincial/National Team Coach:

P/N Team Coach Business Number/Cell Phone:

P/N Team Coach Email Address:

Comp./Rep Team:

Comp./Rep League:

Competition/Age Level (if appropriate):

Primary Team Coach:

Business Number/Cell Phone:

Email Address:

Training Centre/Location:

My coach is aware that I am applying to this program and I give permission for TDSB Staff to contact my Coach for the purposes of potential placement in a HPA hub.

Performance

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.):

Training Schedule

Please outline your weekly training schedule (days and times). Please indicate any training that is NOT associated with your primary team with an *. Games and competitions are not to be included.

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

Number of hours of Training per week:

Number of hours of Training not associated with your primary team: