

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: