



High Performance Student-Athlete (HPSA) Program Application Form

Student-Athlete Information

Date: _____

Name: _____ 2010/11 Grade: _____

Birth Date: _____
Month Day Year

E-mail: _____

Cell Phone: _____ Sport/Activity: _____

Level of Performance (please check): National _____ Provincial _____

Parents' Information

Mother's Name: _____ Father's Name: _____

Business Phone: _____ Business Phone: _____

Cell Phone: _____ Cell Phone: _____

Home Phone: _____ Home Phone: _____

E-mail: _____ E-mail: _____

Address: _____ Address (if different): _____

Home Phone: _____ Home Phone (if different): _____

Residence Information

Please check: Day Student _____ Boarding Student _____

**If boarding student:* Guardian's Name: _____

E-mail: _____

Phone: _____

Training Centre

Name of Club/Team: _____

Training Centre Address: _____

Phone: _____

Coach Information

Coach's Name: _____ Title: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____ NCCP #: _____

Level of Performance

Please provide an overview of your level of training and competition, including your athletic goals for 2010-11 school year. Include recent rankings and/or results if applicable.

Training Schedule

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

Student-Athlete Benefit

Please explain why you believe that you would benefit from the HPSA Program.

Thank you for your application. The HPSA Advisory Committee will contact you to arrange a suitable time for a personal interview.

Student Signature

Parent/Guardian Signature

Date

Date