



**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.*

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*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 program.**

**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 program.**

**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: