



Holy Cross Catholic Academy

High Performer Athlete Program

Part A: Athlete Information

Name: _____ Grade: _____

Birth Date: _____ (Day/Month/Year) Age: _____

Current School: _____ Board: _____
Please include the most recent report card or credit counselling summary.

Primary Sport: _____ Level: _____
Please circle one: Regional, Provincial, National, International

Other Sport: _____ Level: _____
Please circle one: Regional, Provincial, National, International

Other Sport: _____ Level: _____
Please circle one: Regional, Provincial, National, International

Part B: Guardian Information

Guardian 1 Name: _____ Guardian 2 Name: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Home Phone: _____ Home Phone: _____

Email: _____ Email: _____

Address: _____ Address: _____

(if different) _____

Postal Code: _____ Postal Code: _____

Part C: Training Schedule Information

Please outline your average weekly training schedule.

Season: _____ to _____
(month) (month)

DAY	MON	TUE	WED	THUR	FRI	SAT	SUN
TIMES							
TOTAL HOURS/ DAY							

Total # of Training Hours/Week: _____

Part D: HPA Student Timetable

Please review the timetable below and select the model that works best for your High Performer Athlete.

	Student A (Morning Training)		Student B (Afternoon Training)	
	Day 1	Day 2	Day 1	Day 2
Period 1 (8:25 AM)	Training	Training	Class	Class
Period 2 (9:52 AM)	HPA Course (max 2 credits)	HPA Course (max 2 credits)	Class	Class
Period 3 (11:12 AM)	Class	Class	HPA Course (max 2 credits)	HPA Course (max 2 credits)
12:30 PM	LUNCH	LUNCH	LUNCH	LUNCH
Period 4 (1:12PM)	Class	Class	Training	Training
2:30 PM	DISMISSAL	DISMISSAL	DISMISSAL	DISMISSAL

Accommodation Requested: Morning training schedule / Afternoon training schedule /

Please circle ONE option.

No accommodation required

<p>HPA Registration Checklist:</p> <p><input type="checkbox"/> HPA Application</p> <p><input type="checkbox"/> HPA Application Fee (\$50)</p> <p><input type="checkbox"/> Most Recent Report Card OR Credit Counselling Summary</p> <p><input type="checkbox"/> Coach's Reference Letter</p>
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Student's Signature

Date

Guardian's Signature

Date

NOTE: Upon acceptance to the HPA program, student is required to complete the Holy Cross registration package and submit the student activity fee.