



# 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*

### 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	<b>LUNCH</b>	<b>LUNCH</b>	<b>LUNCH</b>	<b>LUNCH</b>
Period 4 (1:12PM)	Class	Class	Training	Training
2:30 PM	<b>DISMISSAL</b>	<b>DISMISSAL</b>	<b>DISMISSAL</b>	<b>DISMISSAL</b>

**Accommodation Requested:** Morning training schedule / Afternoon training schedule /

Please circle ONE option.

No accommodation required at this time.

**HPA Phys Ed Credit Requested:** YES NO

Please circle ONE option.

<p><b>HPA Registration Checklist:</b></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 <b>OR</b> 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.