



Simcoe County
District School Board

Your Future... Our Priority

High Performance Athlete Coop

Tailored to meet the learning needs of students who are committed to focusing on their long term career objectives while accommodating competitive training needs.

APPLICATION FORM

ATHLETE

Student Name: _____

Date of Birth: _____ Cell Phone: _____

Home Address: _____
Street City Province Postal Code

Sport: _____ Level of Performance: Provincial National Other: _____

PARENTS

Mother/Guardian Name: _____ Father/Guardian Name: _____

Business Phone: _____ Business Phone: _____

Cell Phone: _____ Cell Phone: _____

Home Phone: _____ Home Phone: _____

Email: _____ Email: _____

Address: _____
Street City Province # Street City Province

Postal Code: _____ Postal Code: _____

PLACE of RESIDENCE

I live at my parent's address: _____
Street City Postal Code

OR

Name of Legal Guardian (ESA may be required): _____

Address: _____
Street City Province Postal Code

Cell Phone: _____ Email: _____

Home Phone: _____

OR

Other (please explain): _____

Address: _____
Street City Province Postal Code

Training Supervisor

Coach Name: _____ Club Affiliation: _____

Business Phone: _____ Cell Phone: _____

Email: _____

Coaching Level : Provincial National Other: _____

Name of Club/Team: _____

Training Centre: _____

Address: _____
Street City Province Postal Code

Phone Number: _____

Insurance Company: _____ Policy Number: _____

Weekly Training Schedule

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time (from – to)							
Total Hours							

Please comment on your level of performance and/or intentions for this coming school year (ie: ranking, level of competition, major tournament results, etc.):

Write a short paragraph explaining why you would benefit from this program. Give consideration to how you would maximize the use of your time.

Athlete Training and Performance

INSURANCE COVERAGE

Workplace Safety and Insurance Act, 1997

- Students participating in the HPA program are not eligible for WSIB coverage by the Ministry of Education. Equivalent insurance coverage must be provided by the training organization or through personal insurance policies.

Board Insurance

- Students and training organizations are insured against a lawsuit arising out of the negligence of the student while performing duties within the Coop assignment. The Board does not cover personal injuries to students.

Student Accident Insurance

- All HPA students must have Student Accident Insurance

MUNICIPAL FREEDOM OF INFORMATION (FOIPOP)

Pursuant to subsection 29(2) of The Municipal Freedom of Information and Protection and Privacy Act, and under the authority of the Education Act, the personal information obtained for the purposes of Cooperative Education, Apprenticeship and School-Work Programs will be used for the on-going administration of appropriate placements. If you have any questions about the information collected, please contact the Administrator of Community-Based Education at 705-728-7570.

APPROVAL CRITERIA

Under the following conditions I hereby agree to the participation of the above-named student in an HPA cooperative education program of the Simcoe County District School Board.

- Student successfully completes the Cooperative Education Agreement Form.
- Student meets the expectations as outlined in the HPA General Information document.

Student Signature

Parent/Guardian Signature

Teacher Signature

Year/Month/Date

Year/Month/Date

Year/Month/Date