Holy Cross Catholic Academy

High Performer Athlete Program

Part A: Athlete Information

Name: _____ Grade: _____

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

Primary Residence: _____

_____

Please include street number and name, city, province, postal code, and provide a property tax bill.

Current School: _____ Board: _____

Please include the most recent report card (Grade 7 Final or Secondary Credit Summary).

Primary Sport: _____ Level: _____

Please check one: ▢ *Regional* ▢ *Provincial* ▢ *National* ▢ *International*

Secondary Sport: _____ Level: _____

Please check one: ▢ *Regional* ▢ *Provincial* ▢ *National* ▢ *International*

Part B: Guardian Information

Guardian 1: _____ ▢ Mother ▢ Father ▢ _____

Email: _____ Cell Phone: _____

Address (if different from primary residence): _____

_____

Guardian 2: _____ ▢ Mother ▢ Father ▢ _____

Email: _____ Cell Phone: _____

Address (if different from primary residence): _____

_____

Part C: HPA Student Timetable

Please review the timetable options below and select the best model for your athlete.

Please check ONE option:	❑ **Option A: Morning Trainer**	❑ **Option B: Afternoon Trainer**	❑ **Option C: After School Trainer**
Period 1 (8:23 AM - 9:39 AM)	*Training (offsite)*	Class	Class
Period 2 (9:45 AM - 10:58 AM)	HPA Class (max 2 credits)	Class	Class
Period 3 (11:04 AM - 1:04 PM)	Class	HPA Class (max 2 credits)	Class
12:24 PM	**LUNCH**	**LUNCH**	**LUNCH**
Period 4 (1:10 PM - 2:23 PM)	Class	*Training (offsite)*	Class
2:23 PM	**DISMISSAL**	**DISMISSAL**	**DISMISSAL**

Part D: HPA Application Checklist

Please review the application items below. Incomplete applications will not be processed.

- ☐ HPA Application
- ☐ HPA $50 Application Fee (Non-Refundable)
- ☐ Coach's Reference Form
- ☐ Academic Reference Form (Sealed Envelope)
- ☐ Report Card (Grade 7 Final OR Secondary Credit Summary)
- ☐ Primary Address Property Tax Bill

Student's Signature: _____ Date: _____

Guardian's Signature: _____ Date: _____

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

Coach's Reference Form

Please complete one form for each coach your child trains with during the week/season.

Part A: Athlete Information

Applicant Name: _____ Sport: _____

Team Name: _____ Level: _____

Please check one: ▢ *Regional* ▢ *Provincial* ▢ *National* ▢ *International*

Part B: Coach's Information

Name: _____ License #: _____

Email: _____ Cell Phone: _____

Training Center Address: _____

▢ Head Coach ▢ Assistant Coach ▢ Manager ▢ _____

Q: What are some realistic athletic and/or academic goals for this applicant?

-
-

Part C: Training Schedule Information

Please outline your average weekly training schedule.

Season: _____ (month) to _____ (month)

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

Coach's Signature: _____ **Total # of Training Hours/Week:** _____

Academic Reference Form

*This form is **ONLY** to be completed by the Principal **AND** classroom teacher. The contents of this form are confidential and are viewed only by Program Coordinators and/or Holy Cross CA administrators.*

Part A: Reference's Information

Name: _____ Email: _____

▢ Current Teacher ▢ Other: _____

Part B: Athlete Information

Applicant Name: _____ Grade: _____

School Name: _____ Board: _____

Part C: Student's Attendance

Please indicate the student's attendance and punctuality since September.

1. Student's Attendance (when not sports related)

▢ Absent 0-5 times ▢ Absent 5-10 times ▢ Absent 10> times

2. Student's Lates (when not sports related)

▢ Late 0-5 times ▢ Late 5-10 times ▢ Late 10> times

Part D: Student's Learning Skills

Please indicate the degree to which the student demonstrates the following learning skills.

1. Positive Attitude

▢ Rarely ▢ Sometimes ▢ Always

2. Positive Classroom Behaviour

▢ Rarely ▢ Sometimes ▢ Always

3. Active Participation

▢ Rarely ▢ Sometimes ▢ Always

4. Organization

▢ Rarely ▢ Sometimes ▢ Always

5. Time Management Skills

▢ Rarely ▢ Sometimes ▢ Always

Part E: Student's Character Development

Please indicate the degree to which the student demonstrates the following aspects of character development.

1. Integrity
▢ Rarely ▢ Sometimes ▢ Always

2. Maturity
▢ Rarely ▢ Sometimes ▢ Always

3. Leadership
▢ Rarely ▢ Sometimes ▢ Always

4. Positive Peer Interaction
▢ Rarely ▢ Sometimes ▢ Always

5. Concern For Others
▢ Rarely ▢ Sometimes ▢ Always

Part F: Principal's Review

Please indicate if there are any discipline issues/concerns with this applicant.

Principal's Signature: _____ **Date:** _____

Part G: Reference's Recommendation

Please indicate whether you recommend this student for Holy Cross' High Performer Athlete Program.

☐ I recommend this student for the High Performer Athlete Program

☐ I do not recommend this student for the High Performer Athlete Program

Additional Comments (optional):

Reference's Signature: _____ **Date:** _____

NOTE: Upon completion of this form, please place it in a sealed envelope with your initials and return to the applicant.