<u>APPENDIX M2</u> 2023-24



This form is to be completed each year by all students entering or continuing in an HPA/Co-op program or Intensive Sport Program at a YRAA member school. The form, when completed, is to be signed by the student, parent/guardian, program representative/teacher, and the school principal. Three copies of this form should be made, copy one to be sent to the YRAA Office, copy two should be kept in the guidance office kept in the school guidance office, and copy three is kept by the HPA/Intensive Sport Program teacher advisor.

Student Name: _____

Home Address:		Current Grade:	
	Street address		
		Phone:	
City/town	Postal cod	Postal code	
Sport of Focus/Specialization	Level of Competition (eg. Tier/Division, Regional, Provincial, National)	Club Affiliation & Team Name (Include phone # or e-mail of contact person)	
ist all other sports played at club or			
Sport	Level of Competition (eg. Tier/Division, Regional, Provincial, National)	Club Affiliation & Team Name (Include phone # or e-mail of contact person)	
Student Signature		Parent/Guardian Signature	
HPA/Intensive Sport Program Teacher Advisor		Principal Signature	

Notes: This completed form is required for students to participate in interschool sport.

• Students submitting falsified information on this form will appear before a Board of Reference and may lose their eligibility to play interschool sport.

Gender:F__ M __ NB__