



BISHOP ALEXANDER CARTER CATHOLIC SECONDARY SCHOOL

539 Francis Street, HANMER, ONTARIO P3P 1E6 tel. (705) 969-2212 fax (705) 969-8133
http://www.bishopcarter.ca - Principal: Mrs. C. MacGregor; Vice Principal: Mrs. L. Holden

Bishop Elite Sports Training Program Application

The BEST (Bishop Elite Sports Training) Program require student-athletes to build, plan, and execute individualized strength and conditioning plans. As a result, these courses require participating students to be:

- Self-directed
- Motivated daily
- Dedicated to fitness
- Receptive to a holistic training approach
- Receptive to constructive feedback

The submission due date for this application is March 20, 2018 (faxed, email or dropped off)

Fitness Testing and Interview: early April; location to be determined

Please be sure to complete the entire process and include all requirements for this application. Submitting a complete application is the responsibility of you, the applicant. Incomplete applications or applications submitted after the deadline, will not be accepted and student applications will therefore forfeit their request to be considered for these courses.

Last Name:	First Name:
Address:	
DOB:	Email:
Primary Sport: State your main competitive season (month to month)	
Parent/Guardian(s) Name:	
Work Number:	Cell Number:
Level of Play (Please select only ONE selection below) High Performance [<input type="checkbox"/>] (Provincial, National, Top Division or Competitive League such as AAA hockey) OR Competitive [<input type="checkbox"/>] (club competition below top division, high school team)	
Team Name and Level designation:	

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Y N Do you currently complete regular strength and conditioning workouts (3 to 4 times per week)?

Y N Do you consistently work with a conditioning coach or personal trainer?

Y N If you answered “yes”, are you looking to continue using a training plan (created by the trainer) in the class?

Y N Does your coach/trainer support you in taking this course and understand what it is all about? Please list your coach’s name and contact information below

Name, phone # or email _____

Y N Can you work independently, demonstrate initiative and follow all safety rules? Referencing your Learning Skills from your most recent Report Card, explain how you would do this given what you know about these courses.

Would teachers describe you as a self-directed, self-motivated student? Why or why not? What does motivate you to do your best?

Please identify two specific athletic goals you wish to attain in the next four years. Include level of play, team, ranking, time, etc.

1. _____

2. _____

What is your current mark in English _____ Math _____

What is your favourite quote and why: _____

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What role do you envision fitness playing in reaching your sport goals?

Please complete the following week-at-a-glance calendar. Remember to include all sport practice, individual training, and current strength and conditioning.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time From-To							
Total Hours							

Total Number of Training Hours, outside of school, per week: _____

Why should we consider your application for the BEST program? What activities/clubs are you thinking of getting involved in at the school (i.e. sports teams, athletic association, school council, arts). What activities/clubs are you involved in within the community?

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Teacher Reference

Please give this questionnaire to any teacher of your choice. Please instruct them to place it in a sealed envelope once completed. The student is responsible for bringing the completed registration package to Bishop Alexander Carter School.

Dear Teacher,

Thank you for taking the time to complete this questionnaire for the BEST applicant. These courses require participating student-athletes to build, plan and execute an individualized strength and conditioning plan. It also requires academic assignment to be completed independently.

Please be honest in your assessment of this candidate as safety is a necessary consideration for these courses. We also want to make sure we are placing students in an environment in which they can thrive and be successful, so learning skills play a large role in your assessment.

Teacher Name: _____ Student Name: _____

Subject taught to candidate: _____

1. Ability to work independently (1 being poor, 5 being excellent)
1 2 3 4 5
2. Self-motivation/Self-direction (1 being poor, 5 being excellent)
1 2 3 4 5
3. Time-management/meeting deadlines (1 being poor, 5 being excellent)
1 2 3 4 5
4. Uses equipment properly and safely (1 being poor, 5 being excellent)
1 2 3 4 5 N/A

Please include any reasons or considerations as to why you think this person MAY or MAY NOT be a good candidate for this specialized fitness course.

Thank you for your time and consideration.

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Coach/Trainer

Please give this questionnaire to any coach/trainer/physical education teacher of your choice. Please instruct them to place it in a sealed envelope once completed. The student is responsible for bringing the completed registration package to Bishop Alexander Carter School.

Dear Coach/Trainer/Physical EducationTeacher,

Thank you for taking the time to complete this questionnaire for the BEST applicant. These courses require participating student-athletes to build, plan and execute an individualized strength and conditioning plan. It also requires academic assignment to be completed independently.

Please be honest in your assessment of this candidate as safety is a necessary consideration for these courses. We also want to make sure we are placing students in an environment in which they can thrive and be successful, so learning skills play a large role in your assessment.

Coach/Trainer/Teacher Name: _____ Student Name: _____

Subject taught to candidate: _____

1. Ability to work independently (1 being poor, 5 being excellent)
1 2 3 4 5
2. Self-motivation/Self-direction (1 being poor, 5 being excellent)
1 2 3 4 5
3. Time-management/meeting deadlines (1 being poor, 5 being excellent)
1 2 3 4 5
4. Uses equipment properly and safely (1 being poor, 5 being excellent)
1 2 3 4 5 N/A

Please include any reasons or considerations as to why you think this person MAY or MAY NOT be a good candidate for this specialized fitness course.

Thank you for your time and consideration.

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