

Exceptional/Elite Athlete Tracking Form

Section A: Student Information Gender: F ___ M ___ Grade: ____ Student Name: Postal Code: _____ Home Address: _____ Silverthorn CI School: In-Area Student: Yes ____ No ___ Section B: Level of Play Club Afflation and Team, Name Declared Sport of Specialization (Tier/Division, Regional, (Highest Level of Sport Played) (Include Phone Number and Email of Contact Person) Provincial, National) Program Rep Signature Date Section C: Level of Play Club Affiliation and Team, Name List All Other Sports Played at Club (Division, Regional, or Community Level (Include Phone Number and Email of Contact Person) Provincial, National) Section D: Student Signature: Parent Signature: SCI Principal Signature:

This completed form is required for the player to be eligible to compete. If any of the above information is found to be falsified, the athlete will be required to appear before the Regional Conduct Review and may lose their athletic eligibility.

Copy:

- 1. OSR (Ontario Student Record)
- 2. Regional Registrar
- 3. Athletic Director Steve.Westwood@tdsb.on.ca