



**L.E.A.P.**

(Leaders & Exceptional Athletes Program)  
A Cross Training Opportunity for our Athletes

**INFORMATION & APPLICATION  
PACKAGE  
2024-2025 School Year**

# Leaders & Exceptional Athletes Program

## *Rationale & Eligibility*

### What is LEAP?

The St. Benedict Leaders & Exceptional Athletes Program (LEAP) is a training course for student-athletes who demonstrate exceptional athletic potential in a given sport. LEAP is an ***in-school Cross-Training course for exceptional student-athletes*** that should be currently working towards a provincial/national/international championship outside of school (e.g. Rep sports teams such OBA, OPFL, etc.). Applicants to the program should also possess strong academic commitment, and be positive contributors to the St. Benedict community.

### Eligibility Criteria

LEAP will be open to incoming Grade 8 students, transfer students, as well as current St. Benedict students. Basic criteria for application to LEAP are listed below:

#### **In Order To Apply For LEAP:**

- You should be **self-motivated** and willing to do the extra physical and academic work.
- You should be currently competing towards a **provincial championship or higher outside of school**, as an individual or as a member of a team (e.g. Rep sports teams).
- You should have a **minimum average of 70%** across all areas of study as determined by their most recent report card. Grades will be examined each year to ensure good academic standing.
- You will **re-apply to the program when moving from grade 10 to grade 11** and/or if you have left the program for one or more academic years.
- **Complete** the [online application form](#)
- **Complete and submit all forms and supporting documents** outlined in this package by the deadline indicated below.
- **Note On Equity and Inclusivity:**
  - Students with **special circumstances regarding any of the eligibility criteria** above are asked to contact the LEAP coordinator directly for further conversation.
- **Note On Registration:**
  - **Grade 8 Students from our feeder schools** will receive detailed information on how to register with St. Benedict and complete their course selections.
  - **Students who are already registered at St. Benedict** need to complete the online form and submit all supporting documents outlined in this package by the deadlines indicated below.
  - **Applicants that are not within our school boundaries and/or who are looking to transfer to St. Benedict must:**
    - **Successfully complete Phase I and II** of the Application process.
    - **If successful**, you must then [Register](#) to become a student at St. Benedict for the upcoming school year and/or successfully complete the transfer process.

# Leaders & Exceptional Athletes Program

## *Selection Process for LEAP*

### **Phase I: Application & Accompanying Documentation (Grade 8-12 Deadline is **March 1, 2024**)**

1. Complete and Submit the [on-line application form](https://forms.gle/8zvhnL7yVCX23tVv5) - <https://forms.gle/8zvhnL7yVCX23tVv5>
2. Complete and **submit the following application documentation**:
  - All Forms are in the application package on the LEAP website – <http://bit.ly/SBCSS-LEAP>
    - **Letter of Confirmation** from the coach of your declared sport (highest level played).
    - **Teacher Recommendation Form** from a current/past phys-ed or grade 8 teacher.
    - **Signed Parent consent form** for fitness testing with recent photograph.
3. A copy of your **most recent report card** from the current school year.
  - **Students should have an average above 70%** and display a strong commitment to their learning skills.

The completed application should be returned **to the St. Benedict C.S.S. Phys Ed office** and addressed to:

**St. Benedict C.S.S.**  
**Attn:** Nathaniel Dufresne  
Head of Physical & Health Education  
50 Saginaw Parkway, P.O. Box 578  
Cambridge, Ontario N1R 5W1

**NOTE: Applications received after the deadline date will not be accepted.**

### **Phase II: Fitness Performance Test**

Qualifying students from Phase I will be contacted **by March 29, via email** and invited to St. Benedict C.S.S. to complete a battery of fitness performance tests on **April 20th or April 25<sup>th</sup> 2024**. These seven tests will be weighted equally (See page 10-12 for test descriptions and ratings) and **a minimum score of 46 points must be achieved to be considered for the program.**

**NOTE:** If there is a discrepancy between a score counted by an applicant versus that of the test administrator, the score recorded on the testing sheet will be considered final.

## Timelines for Application & Admission

Thursday December 7, 2023	Grade 8 Parents' Night St. Benedict C.S.S.
March 1, 2024	<b>Phase I</b> - Deadline for all applicants
March 29, 2024	Applicants who qualify for Phase II of the selection process (physical testing) will be contacted by email.
April 3, 2024 (3:30 – 4:30)	Optional <b>orientation session</b> to demonstrate and review each of the fitness tests at SBCSS in Gym 1.
Saturday April 20, 2024 (9am – 2pm) <b>OR</b> Thursday April 25, 2024 (3:30pm – 5:00pm)	<b>Phase II</b> – Physical Testing at SBCSS
Friday May 3, 2024	Students will be informed of LEAP application status by email.

## A Note About References

### **Two references are required for your application.**

Applicants must provide their coach(es) and teachers sufficient time to complete the reference letters in order to ensure that their references are received at SBCSS no later than the application deadline. Forms are located in this application package.

#### **1. Coach's Letter of Confirmation Form**

Please have the **Letter of Confirmation Form** completed by the coach of your Declared Sport of Specialization. Your Declared Sport must be the sport that you play at the highest level for a minimum of 12 months prior to the application.

#### **2. Teacher Recommendation Form**

A **current/past phys-ed teacher** or **current grade 8 teacher** must complete the Teacher Recommendation Form. If the student has not yet taken phys-ed at St. Benedict please see the Phys-ed Dept. Head.

The **Teacher Recommendation Form** and **Letter of Confirmation** the must be submitted as part of the application process by the deadlines outlined above.

**Note:** Additional Letters of Recommendation that are enclosed will not be used in the selection process.

# Application Cover Sheet

## Checklist 2024 – 2025

Applicant's Name: \_\_\_\_\_ Applicant's Phone #: \_\_\_\_\_

Applicant's e-mail: \_\_\_\_\_

**I Acknowledgement:** I have read thoroughly, and understand the following. Please refer to the information package found on-line <http://bit.ly/SBCSS-LEAP> for all the information below.

- ☐ Saints Leader & Exceptional Athletes Program rationale
- ☐ Frequently Asked Questions
- ☐ The Selection Process for LEAP and Timelines
- ☐ References
- ☐ Description of Physical Fitness Tests

**II Application:** A Complete Application must include **ALL** of the following:

- ☐ LEAP Application Form – [completed on-line](https://forms.gle/fobc3tpe1mWKVNni8) – <https://forms.gle/fobc3tpe1mWKVNni8>
- ☐ Coach's Letter of Confirmation Form\* (In this package)
- ☐ Teacher Recommendation Form\* (In this package)
- ☐ Signed Parent consent\* for fitness testing with photograph (in this package)

\* These items must be submitted to the school in a sealed envelope \*

### III Inquiries:

Please direct any inquiries to the LEAP Coordinator, Nathaniel Dufresne at (519) 621-4050 ext. 5137 or by email: [Nathaniel.Dufresne@wcdsb.ca](mailto:Nathaniel.Dufresne@wcdsb.ca)

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**  
**ALL APPLICATIONS ARE TO BE SUBMITTED ON-LINE WITH**  
**SUPPORTING DOCUMENTS HANDED IN TO THE MAIN**  
**OFFICE OF ST. BENEDICT C.S.S. BY:**  
**March 1, 2024 (All applicants)**

**There are NO exceptions to the deadlines listed above. It is the student's responsibility to complete and submit ALL components of the application on time.**  
**(i.e. not the teacher, not the coach).**

# LEAP - Coach's Letter of Confirmation Form

Applicant's Name: \_\_\_\_\_ Applicant's Phone # \_\_\_\_\_

Sports Organization Name: \_\_\_\_\_

Sports Organization Contact #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Coaches First Name: \_\_\_\_\_ Coaches Last Name: \_\_\_\_\_

Coaches Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Team and League Name: \_\_\_\_\_

How long has the athlete participated in this sport: \_\_\_\_\_ Team: \_\_\_\_\_ League: \_\_\_\_\_

Is this athlete currently competing at this level? **Yes** or **No**

How long have you known the applicant in a coach/athlete relationship? \_\_\_\_\_

Please describe the applicant's role on the team and/or their highest finish individually.

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In your opinion, what is the athletes future potential?

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Please comment on the applicant's coachability, attitude, and any other characteristics about their talents.

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*If more space is needed please attach to this page*

To the best of my knowledge, the above information is true. I understand that any false statements may result in my being dismissed from LEAP.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Coaches Signature

\_\_\_\_\_  
Applicant's Signature

# LEAP - Teacher Recommendation Form

Applicant's Name: \_\_\_\_\_

Applicant's Phone # \_\_\_\_\_

Number of years you have known this student: \_\_\_\_\_

In what capacity (Core Subjects) \_\_\_\_\_

	<i><b>Poor</b></i>	<i><b>Fair</b></i>	<i><b>Good</b></i>	<i><b>Excellent</b></i>	<i><b>Exceptional</b></i>
Considers others	1	2	3	4	5
Accepts responsibility	1	2	3	4	5
Follows directions	1	2	3	4	5
Works independently	1	2	3	4	5
Prepares for lessons	1	2	3	4	5
Uses class time constructively	1	2	3	4	5
Participates in class	1	2	3	4	5
Seeks help when appropriate	1	2	3	4	5
Demonstrates leadership	1	2	3	4	5
Expresses opinions and ideas	1	2	3	4	5
Follows class and school rules	1	2	3	4	5
Punctuality	1	2	3	4	5
Care of property and materials	1	2	3	4	5
Attentiveness in class	1	2	3	4	5
Involvement in curriculum activities	1	2	3	4	5
Demonstrates respect for self, others and school	1	2	3	4	5
Interpersonal Skills	1	2	3	4	5
Strives for personal best	1	2	3	4	5
Perseveres in the face of adversity	1	2	3	4	5
Student's academic achievement	1	2	3	4	5
Student's Learning Skills and Work Habits	1	2	3	4	5
Overall Recommendation	1	2	3	4	5

Additional Comments:

\_\_\_\_\_  
Print Teacher's Name

Date: \_\_\_\_\_

\_\_\_\_\_  
Teacher's Signature

School: \_\_\_\_\_



## ACCESSIBILITY:

To request this file in large print, please email [aoda@wcdsb.ca](mailto:aoda@wcdsb.ca) or call (519) 578-3660.

**SCHOOL YEAR:** 2023-2024

### Note:

1. This form is to be completed for a student who wishes to participate in a sport, sports team, interschool athletics, or athletic recreation activity and must be returned to the coach prior to the student's first team tryout or participation in the activity.
2. The student is ineligible to participate in the sport and recreation activity and interschool athletic tryouts, practices and competitions without first providing the teacher/coach with this completed form.
3. The content of this page is to provide parents/guardians/students with information on the activities.

## PART A

\_\_\_\_\_ has indicated a desire to participate in the following:  
(Student's name)

- ☒ Sport and athletic recreation activity (please indicate): LEAP FITNESS TESTING
- ☐ Interscholar team (please indicate): \_\_\_\_\_

## ELEMENTS OF RISK

The risk of injury exists in every athletic activity. Falls, collisions, and other incidents may occur and cause injury. Due to the nature of some activities, injuries may range from minor sprains and strains to more serious injuries affecting the head, neck, or back and/or drowning in water-based activities/sports. Some injuries can lead to paralysis or prove to be life-threatening. Injuries as a result of participation in an activity can occur without fault on either the part of the student, or the school board and its employees or agents, or the facility where the activity is taking place. A student choosing to participate in the activity assumes the risk of an injury occurring. The chances of an injury can be reduced by carefully following instructions at all times while engaged in the activity. The school board attempts to manage, as effectively as possible, the risk involved for students while participating in school sport and recreation activities.

## STUDENT ACCIDENT INSURANCE NOTICE

The Waterloo Catholic District School Board does not provide any accidental death, disability, dismemberment/ medical/dental expense insurance for student participation in school sponsored activities (e.g., curricular, intramural and interschool). For insurance coverage of injuries, parent/guardians are encouraged to consider a Student Accident Insurance Plan from an insurance company of their choice.

## SAFETY RECOMMENDATIONS

In the interest of safety, we strongly recommend:

1. Students have an annual medical examination.
2. Students bring emergency medications (e.g., asthma inhalers, epinephrine auto injector) to all activities.
3. Students remove eyeglasses during practices or games. If eyeglasses cannot be removed, the student must wear an eyeglass strap or shatterproof lenses.
4. Students must be made aware of ways to protect themselves from environmental conditions (e.g., use of hats, sunscreen, sunglasses, access to liquid replacement, insect repellent, appropriate clothing).
5. A safety inspection is carried out at home of any equipment brought to school for personal use in sport and recreation activities as well as practices and interschool competitions (e.g., skis, skates, helmets).

## CONCUSSIONS

If the student is presently diagnosed with a concussion by a medical doctor/nurse practitioner, that was sustained inside or outside of school activity, the student must have completed all stages of the Return to School Plan outlined in WCDsb's Concussion Passport, Return to School Plan (Form [APH027-04F](#)).



**PART B**

Student name: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Home address: \_\_\_\_\_  
Parent/Guardian name: \_\_\_\_\_  
Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Emergency contact name: \_\_\_\_\_ Emergency contact phone: \_\_\_\_\_

Does your child/ward/self have a plan of care and/or medical condition currently on file with the school that the coach should be aware of before the student will be allowed to participate? ☐ Yes ☐ No

**ACKNOWLEDGEMENT & CONSENT**

1. I have read and understand the above notices regarding:
- ☐ Elements of Risk \_\_\_\_\_ (initials of Parent/Guardian OR Student Age 18 and Over)
  - ☐ Accident Insurance \_\_\_\_\_ (initials of Parent/Guardian OR Student Age 18 and Over)
  - ☐ Concussion Awareness Resource (APH027-AX; Appendix A) – Paper copy supplied by WCDSB upon request
2. I request that my son/daughter/self, try out for or participate in the activity outlined in Part A of this form during the current school year.
3. I hereby acknowledge and accept the risk inherent in the requested activity and assume responsibility for my son/daughter/ward/self for personal health, medical, dental and accident insurance coverage.

\_\_\_\_\_  
Signature of Parent/Guardian (OR Student Age 18 and Over) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Athlete (Secondary Students only) \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL SERVICES AUTHORIZATION (OPTIONAL)**

In a situation when emergency medical or hospital services are required by the above-listed participant, and with the understanding that every reasonable effort will be made by the school/hospital to contact me, my signature on this form authorizes medical personnel and/or hospital to administer medical and/or surgical services, including anesthesia and drugs. I understand that any cost will be my responsibility.

\_\_\_\_\_  
Signature of Parent/Guardian (OR Student Age 18 and Over) \_\_\_\_\_ Date \_\_\_\_\_

**Notice of Collection**

Personal information on this form is collected under the authority of s. 285(1)(d) of the Education Act, and pursuant to sections 28(2) of the Municipal Freedom of Information and Protection of Privacy Act. The information collected on this form will be used for the purpose related to the Board's policy on Risk Management for sport and recreation activities and interschool athletics. Questions about the use of the form should be directed to the school principal. Questions about the collection, use, or disclosure of personal information on the form should be directed to the Privacy Officer at [privacy@wcdsb.ca](mailto:privacy@wcdsb.ca), or 519-580-3297, or 35 Weber St. W., Unit A, Kitchener, ON, N2H 3Z1.

**Completed by:** Part A: Coach; Part B: Parent/Guardian/Student 18+  
**Distribution:** Teacher/Coach → Parent/Guardian/Student 18+ → School  
**Retention:** 1. Main Office; 2. Teacher/Coach (Current School Year)

# LEAP - Description of Physical Fitness Tests

Each student will be awarded points according to the national standards as determined by Canadian Society for Exercise Physiology. National standards and accompanying points are listed on the next page of this application.

## 1. BEEP Test (Cardiovascular Fitness)

Students will run 20m at the sound of a recorded beep, wait and proceed back when the next beep sounds. As the test continues, the time between beeps gets shorter. This test will be measured in stages. The police use this test for their constables during fitness evaluations.

## 2. 6 lb Medicine Ball Throw for Distance (Power & Proper Sequence of Movement)

Students will stand sideways on a gym line. Throwing from below the waist, students will throw the 6lb medicine ball for distance. Two attempts will be given.

## 3. Alternate Wall Ball Toss (Hand-Eye Co-ordination)

The distance between the wall and the participant is 6 feet. Students will throw a tennis ball from below their waist, alternating hands until the time runs out. They will try to complete as many catches as possible in 30 seconds. Two attempts will be given.

## 4. Push-ups (Muscular Endurance Upper Body)

Students will complete as many push-ups as they can. Males will perform a standard push-up, females a modified push-up. One attempt will be given. The "Military Style" push-up test is completed with the hands directly below the shoulders (not wide arms) with the elbows staying tight to the ribs.

## 5. Vertical Jump (Power of Lower Body)

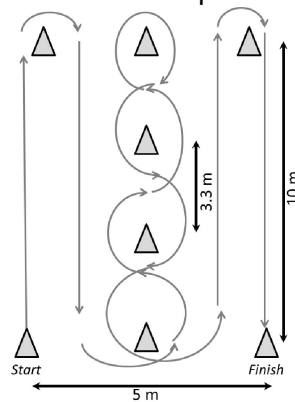
Students will use a two-foot take off and landing for this jump. One stride will be allowed before the two footed take off. Three attempts will be given.

## 6. 40 Yard Dash (Speed)

Students will run 40 yards as fast as they can. The timer will start on the "GO" signal. One attempt will be given.

## 7. Illinois Agility Run (Agility, Speed)

Students will run a 10m by 5m agility course as fast as possible. Two attempts will be given.



[Watch a Video of all 7 tests](#)

# LEAP - Standards and Points

The following weighted scale will be used to award points upon completion of each fitness test. The points will be totaled at the end of the fitness-testing phase. A **minimum score of 46 points** must be achieved to be considered for the program.

**NOTE:** If there is a discrepancy between a score counted by an applicant versus that of the test administrator, the score recorded on the testing sheet will be considered final.

Ranking	Point Value
Excellent	10 points
Very Good	8 points
Good	6 points
Fair	4 points
Needs Improvement	2 points

## 1. BEEP Test (Cardiovascular Fitness)

Rating	Males (# stages completed)		Females (# stages completed)	
	Age ≤ 14	Age ≥ 15	Age ≤ 14	Age ≥ 15
Excellent	≥10.5	≥11.5	≥8.5	≥9.5
Very Good	9.5 - 10	10.5- 11	7.5 - 8	8.5 - 9
Good	9.0	10.0	7.0	8.0
Fair	7.0 - 8.5	8.0 - 9.5	5.5 – 6.5	6.5 – 7.5
NI	< 7.0	< 8.0	< 5.5	< 6.5

## 2. 6 lb Medicine Ball Throw for Distance (Power & Proper Sequence of Movement)

Rating	Males		Females	
	Age ≤ 14	Age ≥ 15	Age ≤ 14	Age ≥ 15
Excellent	> 12 m	> 13 m	> 8 m	> 9 m
Very Good	10.1 – 12 m	11.1 – 13 m	6.5 – 8 m	7.5 – 9 m
Good	8.1 – 10 m	9.1 – 11 m	5.1 – 6.4 m	6.1 – 7.4 m
Fair	6.1 – 8 m	7.1 – 9 m	4.1 – 5 m	5.1 – 6 m
NI	< 6 m	< 7 m	< 4 m	< 5 m

## 3. Alternate Wall Ball Toss (Hand-Eye Co-ordination)

Rating	Males & Females
	Age 13-19
Excellent	≥35
Very Good	30-34
Good	20-29
Fair	15-19
NI	≤ 14

#### 4. Push-ups (Muscular Endurance Upper Body)

	Males (standard)	Females (modified)
Rating	Age 13-19	Age 13-19
Excellent	≥39	≥33
Very Good	29-38	25-32
Good	23-28	18-24
Fair	18-22	12-17
NI	≤ 17	≤ 11

#### 5. Vertical Jump (Power of Lower Body)

	Males	Females
Rating	Age 13-19	Age 13-19
Excellent	≥ 56cm	≥51cm
Very Good	50-55cm	45-50cm
Good	45-49cm	40-44cm
Fair	40-44cm	35-39cm
NI	≤ 39cm	≤ 34cm

#### 6. 40 Yard Dash (Speed)

	Males	Females
Rating	Age 13-19	Age 13-19
Excellent	< 5.1 sec	< 5.30 sec
Very Good	5.12 - 5.20 sec	5.31 - 5.60 sec
Good	5.21 - 5.75 sec	5.61 - 5.90 sec
Fair	5.76 - 5.99 sec	5.91 - 6.29 sec
NI	≥ 6.00 sec	> 6.30 sec

#### 7. Illinois Agility Run (Agility, Speed)

	Males	Females
Rating	Age 13-19	Age 13-19
Excellent	≤15.1 sec	≤17.0 sec
Very Good	15.2 - 16.1 sec	17.1 - 17.9 sec
Good	16.2 - 18.1 sec	18.0 - 21.7 sec
Fair	18.2 - 18.3 sec	21.8 - 23.0 sec
NI	≥18.3 sec	≥23.0 sec