

**2006 – 2007  
APPLICATION FORM  
HIGH PERFORMANCE ATHLETE  
ASSISTANCE PROGRAM**

To be completed **in full** by the athlete  
and returned to your **provincial sport  
organization before April 28, 2006**

**SPORT:** \_\_\_\_\_

**PERSONAL INFORMATION**

Last Name: \_\_\_\_\_ Given Names \_\_\_\_\_  
 Address:  
 Street \_\_\_\_\_ Apt. \_\_\_\_\_  
 City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax Number \_\_\_\_\_ E-mail \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ (d/m/y) Gender M \_\_\_\_\_ F \_\_\_\_\_  
 Language Preference: English \_\_\_\_\_ French \_\_\_\_\_  
 Current National Ranking \_\_\_\_\_ Category \_\_\_\_\_

**TRAINING INFORMATION**

Name of Current Coach \_\_\_\_\_ NCCP Certification \_\_\_\_\_  
 NCCP Passport # \_\_\_\_\_  
 Address:  
 Street \_\_\_\_\_ Apt. \_\_\_\_\_  
 City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax Number \_\_\_\_\_ E-mail \_\_\_\_\_  
 Name of Club/Training Centre \_\_\_\_\_

**EDUCATION / EMPLOYMENT**

If you are studying:  
 Name of Institution \_\_\_\_\_ Level \_\_\_\_\_ Full-time \_\_\_\_\_  
 Part-time \_\_\_\_\_  
 If you are working:  
 What is your occupation? \_\_\_\_\_ Full-time \_\_\_\_\_  
 Part-time \_\_\_\_\_

## TOP 4 PERFORMANCES IN THE PAST 12 MONTHS

List performances starting with your best result, next best result, etc.

Note: International and National results should be ranked before Atlantic or Provincial Results

Date	Name of Competition	Location	Category (Junior, Senior, etc.)	Result (1,2,3,4...)

I agree to allow the Sport, Recreation and Active Living Branch to share my address information with other organizations which provide services to athletes including: the Canadian Sport Centre - Atlantic, the New Brunswick Centre for Coaching Education and Sport New Brunswick.

Yes \_\_\_\_\_

No \_\_\_\_\_

### DECLARATION

I hereby declare that, to the best of my knowledge, the above information is true and complete and that, in return for any assistance provided under the High Performance Athlete Assistance Program, I undertake to fulfill all training and competition commitments and to complete a mid-term report.

Signature: \_\_\_\_\_

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

**Deadline: April 28, 2006**