



BC ATHLETE ASSISTANCE PROGRAM APPLICATION FORM 2006 – 2007

NOTE: Personal information collected on this form is directly related to, and is necessary for the administration of the BC Athlete Assistance Program and the Premier's Athletic Awards. Disclosure of the information is subject to the provisions of the Freedom of Information and Protection Act (RSBC 1996, c.165). Any question about the collection, use or disclosure of this information should be sent to the Sport Consultant/Policy Analyst, Sport and Recreation Branch, 250.356-5183.

A. Personal Data (to be completed by the athlete)

Last name:		First name:	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth: YYYY MM DD	Name of Sport:
Permanent Address:			
City:		Province:	Postal Code:
Telephone Number:		Canadian Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Optional Declaration - Aboriginal Ancestry (First Nations, Metis, Inuit) <input type="checkbox"/> Yes <input type="checkbox"/> No

B. Educational Status

Completed Secondary School: <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, indicate current or highest grade completed:
Post Secondary Educational Status: Level completed: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate OR # of years completed:	

C. Awards History

Have you received BC Athlete Assistance funding before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Which year(s)?	
Do you receive SPORT CANADA funding? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, indicate carding level:	
Indicate year of the games you have participated in:		
Canada Summer Games:	Canada Winter Games:	
Western Canada Summer Games:	BC Games:	Other:

D. Training / Competitive Date

Number of training hours per week:	Number of training weeks per year:
Do you have an individualized specific training program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you following an annual training plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you use a daily / weekly training log? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current level of competition and rank: <input type="checkbox"/> International <input type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> Provincial	
Number of months in competitive season: <input type="checkbox"/> 12 <input type="checkbox"/> 10 <input type="checkbox"/> 8 <input type="checkbox"/> 6 <input type="checkbox"/> 4 <input type="checkbox"/> 2	
Number of matches / competitions in season:	
Please check level of competition attained to date: <input type="checkbox"/> National Senior Team <input type="checkbox"/> National Team Pool <input type="checkbox"/> National Junior Team <input type="checkbox"/> Provincial Team <input type="checkbox"/> University <input type="checkbox"/> College <input type="checkbox"/> Elite Club	
If member of National Senior Team, indicate number of matches / competitions completed for Canada to date:	

E. Coaching Data

Name of Coach:	Highest NCCP Level: <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4		
Mailing Address:			
City:	Province:	Postal Code:	
Home Telephone Number:	Office Telephone Number:	Fax Number:	E-mail:
Coaching Status (please check one) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time			

F. Declarations

I hereby declare that the information on this application, to the best of my knowledge, is true and complete. If verification of my academic standing is required, I give my approval for further investigation. In return for any assistance provided to me under the BC Athletic Assistance Program, I agree to fulfill all training and competition commitments, to make myself available to Team BC selection, and to contribute to athlete and coaching development programs run by the Province Sport Organization (PSO) within British Columbia. I hereby permit the unrestricted use of my name, list of sport accomplishments and BC AAP generated images for the purpose of recognition by the Government of BC officials and the media as they pertain to the BC Athlete Assistance Program.

Signature of Applicant:

Date:

If under 19 years, parent or guardian's signature:

Signature of Parent or
Guardian:

Date:

I hereby endorse this application for assistance and confirm that the commitments made will be monitored.

Signature of PSO Athlete Administrator:

Date:

**Return this completed form to your respective Provincial Sport Organization.
Contact information for the Provincial Sport Organizations can be found at
<http://www.sport.bc.ca>**