

BC Athlete Assistance Program 2005 – 2006

The personal information collected on this form is collected under the BC Athlete Assistance Program (AAP) by the Sport Branch and is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. The information collected will be used by the respective provincial sport organization (PSO) to make award selections. The personal information collected will be used by the Sport Branch to administer the financial assistance program and for audit and review purposes.

For more information regarding the collection, use and disclosure of the information collected on this form please contact:

Sport Branch
5th Floor – 800 Johnson Street
PO BOX 9820, Stn. Prov. Govt.
Victoria, BC V8W 9W3
Phone: (250) 356-5003
Fax : (250) 387-1407

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

Full Name (surname first) _____

Male ___ Female ___ Date of Birth (yy/mm/dd) _____ Name of Sport _____

Permanent Address _____

City _____ Province _____ Postal Code _____ Phone Number _____

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Canadian Citizen: Yes ___ No ___ Resident of BC: Yes ___ No ___ Date of Arrival _____

B. Educational Status

Current Educational Institution: _____

Preferred Career Choice/goal: _____

Secondary School Attended: (name) _____ (city, prov) _____

Completed Secondary School: Yes ___ No ___ If no, indicate current or highest grade completed: _____

Other Post Secondary Enrollment: _____

C. Employment Status:

Full Time: _____ Part Time: _____ Seasonal: _____

D. Awards History

Have you received BC Athlete Assistance funding before? Yes ___ No ___ Which Year(s)? _____

Do you receive SPORT CANADA funding? Yes ___ No ___ If so, indicate carding level _____

Indicate year of the Game you have participated in: Canada Summer Games _____ Canada Winter Games _____

Western Canada Summer Games _____ BC Games _____ Other: _____

Please indicate if you would be willing to: Train as a coach: ___ Train as an official: _____

Speak in schools as an ambassador for sport: ___

E. Training / Competitive Data

Number of training hours per week: _____ Number of training weeks per year: _____

Do you have an individualized specific training program? Yes ___ No _____

Do you have an individualized specific flexibility program? Yes ___ No _____

Are you following an annual training plan? Yes ___ No _____

Do you use a daily/weekly training log? Yes ___ No ___

Is your medical status regularly monitored by a team/physician? Yes ___ No _____

Do you participate in physical testing? Yes ___ No _____

Do you participate in mental skills training? Yes ___ No _____

Current level of competition and rank: International ___ National ___ Regional ___ Provincial ___

Number of months in competitive season 12 ___ 10 ___ 8 ___ 6 ___ 4 ___ 2 _____

Number of matches / competitions in season _____

(Please check level of competition attained to date): National Senior Team ___ National Team Pool _____

National Junior Team ___ Team BC ___ University ___ College ___ Elite Club _____

If member of National Senior Team, indicate number of matches / competitions completed for Canada to date:

F. Coaching Data

Name of Coach: _____

Mailing Address: _____

City _____ Province _____ Postal Code: _____

Phone Number(s): Home: _____ Office: _____ Fax: _____ E-mail: _____

Coaching Status (please check one) Full Time _____ Part Time _____

If part time, please indicate remuneration status: Salary _____ Honorarium _____ Volunteer _____

NCCP CC# _____ NCCP level certified at _____

Signature of Coach: _____

In signing, I consent to the use/disclosure of my personal information as it pertains to the BC Athlete Assistance Program (AAP)

Additional coaching staff:

Name _____ CC # _____ NCCP level certified at _____

G. Declaration

I hereby declare that the information on this application, to be best of my knowledge, is true and complete, and the Coach named above has consented to the use/disclosure of his/her personal information as it pertains to the BC Athlete Assistance Program (AAP). In return for any assistance provided to me under the BC AAP, 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 provincial sport organization (PSO) within British Columbia.

I hereby permit the unrestricted use of my name, hometown, image and list of accomplishments in promotional materials, broadcasts, and the press as they pertain to the BC AAP.

Signature of Applicant: _____ 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 PSO.