

## 2017/2018 SPORT MANITOBA ATHLETE ASSISTANCE PROGRAM APPLICATION



1. Provincial Sport Organization: \_\_\_\_\_ Date of Application: \_\_\_\_\_
2. Name of Athlete: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Date on which athlete became Manitoba Resident: \_\_\_\_\_

3. Athlete's Junior National Team Background. (Complete only if Junior National Team is sponsored and managed by the National Sport Organization)

Most recent/current national team involvement:

Month/Year: \_\_\_\_\_ to \_\_\_\_\_

Team: \_\_\_\_\_

Name of National Team Coach: \_\_\_\_\_

Other: \_\_\_\_\_

Tel. No. \_\_\_\_\_

5. Results of international level of competition during last competitive season.  
 I.e. Junior World Championships, Junior Olympics, Olympics, Junior Pan Am Games

Name of Competition	Location	Event/Classification (Level/Division/Category, etc.)	Age Group	# of teams/competitors in event	# of Countries	Final Rank	Month/Year

6. Please state your personal goals and specific performance objectives for the upcoming competitive year.

\_\_\_\_\_

7. I hereby authorize my Provincial Sport Organization's submission of this application on my behalf. I have read the criteria/guidelines under which athlete assistance is awarded and I agree to abide by them under the guidance of a program monitored by my Provincial or National Sport Organization.

8. I consent to give Sport Manitoba/PSO permission to disclose my personal information as listed herein for communication and media purposes.

\_\_\_\_\_  
 Applicant's signature

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

\_\_\_\_\_  
 Parent/Guardian signature (if athlete under 18 years)

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

9. This form was submitted on behalf of the Provincial Sport Organization by:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 President / Executive Director