

## 2008/2009 SPORT MANITOBA ATHLETE ASSISTANCE PROGRAM - APPLICATION

1. Provincial Sport Organization: \_\_\_\_\_

Date of Application: \_\_\_\_\_

2. Name of Athlete/Team (Applicant): \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code \_\_\_\_\_

Birth date: \_\_\_\_\_ Tel. Res. \_\_\_\_\_ Bus. \_\_\_\_\_

Date on which applicant became Manitoba resident: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Name of athlete's team/club coach: \_\_\_\_\_

Tel. Res. \_\_\_\_\_ Bus. \_\_\_\_\_

3. Athlete's provincial high performance background (Level I Sport \_\_\_\_\_ Level II Sport \_\_\_\_\_)

Are you a Manitoba provincial team member? Yes \_\_\_\_\_ No \_\_\_\_\_

New Exceptional Youth Category. Please check \_\_\_\_\_

a) Results at inter-provincial level of competition, i.e., national championships, Canada Games, etc. **in past sport season only.**

Note type of team, i.e. Senior A; Junior A; Development squad; other; \_\_\_\_\_

Name of Competition	Site	Event entered	Classification	Age Group	# of teams/competitors in class	# of provs	Final rank	Month Year

b) Past performances accomplished by applicant at inter-provincial level of competition.

Name of Competition	Site	Event entered	Classification	Age Group	# of teams/competitors in class	# of provs	Final rank	Month Year

4. Athlete's national team background  
(Complete only if national team is sponsored and managed by the National Sport Organization.)

**Most recent/current national team season:**

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

Team name: \_\_\_\_\_ Age group: Open \_\_\_\_\_ Senior A \_\_\_\_\_ Junior A \_\_\_\_\_

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

Member of national team training roster: Yes \_\_\_\_\_ No \_\_\_\_\_

Name of national team coach: \_\_\_\_\_ Tel.No. \_\_\_\_\_

Have you competed with a National Team at an International competition. \_\_\_ Yes \_\_\_ No

If yes, please list on chart following.

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5. Please list most recent results at international level of competition, i.e., World Championships, Olympics, Pan Am Games, Commonwealth Games, etc.

Name of Competition	Site	Event entered	Classification	Age Group	# of teams/competitors	# of countries	Final Rank	Month Year

Do you presently receive Sport Canada athlete assistance? Yes \_\_\_\_\_ No \_\_\_\_\_

Yearly amount \$ \_\_\_\_\_

6. Previous/current assistance received from Sport Manitoba, University Athletic Award, Manitoba Foundation for Sport:

Year	Type of assistance (athlete assistance, etc.)	Amount

7. Please state your personal goals and specific objectives for the upcoming competitive year:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Please check the following Training & Support Services you access as an athlete:

Sport Psychology \_\_\_      Physiotherapy \_\_\_      Nutritionist \_\_\_      Massage Therapy \_\_\_

Athletic Therapist \_\_\_      Strength Trainer \_\_\_      Exercise Physiologist \_\_\_

Are you registered with the Canadian Sport Centre Manitoba? Yes \_\_\_      No \_\_\_      Other CSC

\_\_\_\_\_

9. I would like to receive information about the Manitoba Athletes Association with regards to Newsletters, Seminars and other information related to the Manitoba Athletes Association. Yes \_\_\_  
No \_\_\_

10. 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.

11. 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's signature (if athlete is under 18 years)

\_\_\_\_\_  
President's signature, Provincial Sport Organization

\_\_\_\_\_  
Date

For Sport Manitoba use only: Date rec'd: \_\_\_\_\_ Date reviewed: \_\_\_\_\_

Assistance recommended: Amount: \$ \_\_\_\_\_