

Ministry of Community, Sport and Cultural Development

and Cultural Development Branch
Administered by ViaSport

Mailing Address:
BCTSA AAP Plan
C/O 2164 Ebert Rd – Unit A
Campbell River BC
V9W 6A2

BC ATHLETE ASSISTANCE PROGRAM APPLICATION FORM - 2017 - 2018 British Columbia Target Sports Association

Application to be received by mail by January 11 2018

Sport and Recreation

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)					BCTSA MEMBERSHIP NUMBER				
Last name:						First n	ame:		
	Date of Birth:			YYYY	ММ	DD	Name of Sport: Target	Sports	
│							How Many Years In Sport?		
Permanent Address:			<u> </u>						
City:	Province:				Postal Code:				
		Telephone Number:					Optional Declaration - Aboriginal Ancestry (First Nations, Métis, Inuit) ☐ Yes ☐ No		
		Email Address:							
B. Educational Status						1	<u>□ 165</u> □ 110		
Completed Secondary School: If no, indicate current or highest grade completed:									
☐ Yes ☐ No	Yes								
Post Secondary Educational Status:									
Level completed:		☐ Undergraduate				☐ Graduate OR # of years completed:			
		Institution Attended:				Institution Attended:			
C. Awards History									
Have you received BC Athlete Assistance funding before?					W	Which year(s)?			
☐ Yes ☐ No									
Do you receive SPORT CANADA funding?					If	If so, indicate carding level and years received:			
☐ Yes ☐ No				Carding Level:			evel: Years Received	:	
Indicate year of the Canada games	or other major	games you	u have	participate	d in:				
North American Indigenous Games:			Canada Winter Games:				National Championships:		
Western Canada Summer Games:			BC Games:				Other (International):	Other (International):	

D. Level of Competition and Rankings							
Please check level of competition attained to date:	nal Senior Team	National Development Team					
☐ National Junior Team ☐ Provincial Team ☐ Unive	ersity College	Elite Club					
If member of National Senior Team, indicate number of matches / competitions completed for Canada to date:							
E. Coaching Data							
Name of Certified Coach:		NCCP#					
Name of Level III (Comp Dev) Certified Coach		NCCP #					
Place of Residency	Province:	Postal Code:					
F. Reminders							
Have you included a Letter from your Coach along with your YTF	Yes No						
Have you consulted with a Comp Dev NCCP Coach regarding yo	Yes No						
Have you very carefully read all the criteria required for this appl	Yes No						
Have you included a copy of your BCTSA Membership that expir	Yes No						
Have you read the "Read Me First" page and understand all thin	Yes No						
Have you included a signed Code of Conduct?	Yes No						
Yearly Training Plan example documents are on the BCTSA web site. If an athlete does not normally work with a level 3 coach then they are to consult a Level 3 NCCP coach when finishing the development of their YTP. A copy of the YTP is to be sent to the Level 3 coach when it is submitted with the AAP application. It is acceptable for the athlete to have a level 2 (Comp Int)coach full time and this coach must vouch for their training time and thoroughness, however, as a minimum, a level 3 (Comp Dev) must be signing off on the YTP and the level 3 coach (Comp Dev) and the athlete and/or his coach must consult regularly during training camps and competitions to discuss the athlete's progress in relation to the YTP.							
G. 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, the BCTSA and the media as they pertain to the BC Athlete Assistance Program.							
I understand that if I do not comply with the requirements as inc	dicated in the 2017/2018 Criteria,	I will return the funds I received					
Signature of Applicant:							
If under 19 years, parent or guardian's signature required also:							
Signature of Parent/Guardian:							
I hereby endorse this application for assistance and confirm that the commitments made will be monitored.							
Signature of PSO Athlete Administrator:							

Return this completed form and all necessary documents to

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