

Elite Athlete Assistance Program

APPLICATION FORM

Athlete's Name: _____

Sport: _____

Birth Date: _____/_____/_____
 Year Month Day **Male** **Female**

Current Mailing Address:

Street/ _____

PO Box: _____

City/Town: _____ **Province:** _____ **Postal Code:** _____

Telephone (Work): _____ **(Home):** _____

Email: _____

Coach: _____ **Address:** _____

Tel: _____ **Email:** _____

If you are not originally from Prince Edward Island, please indicate whether you have been residing in the province for a minimum of six months by marking a (√) in the appropriate box.

Yes **No** **N/A**

Athlete's Declaration & FOIPP Information

I hereby declare that the above information, to the best of my knowledge, is true and complete. In return for any assistance provided through the Elite Athletes Assistance Program (EAAP), I undertake to fulfill all training and competition commitments and I agree to compete for my home province in national level competitions. Personal information contained on this form is collected under the authority of the Freedom of Information and Protection of Privacy (FOIPP) Act, R.S.P.E.I. 1988, Chapter F-15.01, Section 31(c) as it relates to and is necessary for approving assistance under the Elite Athlete Assistance Program. If you have any questions about the collection or use of this personal information, you may contact the Director, Sport, and Recreation & Physical Activity at (902) 368-4789.

Applicant's Signature

Date

Elite Athlete Assistance Program

ACKNOWLEDGEMENT AND WAIVER FORM

To: Elite Athlete Assistance Program Recipients
From: Sport, Recreation and Physical Activity Division
Re: Athlete Assistance Program Funding

Acknowledgement and Waiver Form by Athlete

I acknowledge that I am responsible for making all necessary investigations with the National Collegiate Athlete Association (NCAA), or other athletic organizations as necessary, to determine whether receipt of assistance under the Elite Athlete Assistance Program would negatively affect my status as an amateur athlete. I confirm that I am solely responsible for making this determination, and confirm that the Division of Sport, Recreation and Physical Activity have given me no assurances and made no representation in this regard. I will not make any claim against Sport, Recreation and Physical Activity regarding my amateur status.

Athlete's Signature

Signature of Witness/Parent/Guardian

Print Name

Print Name

***This waiver must be signed by a parent/guardian if the recipient is under the age of 18.**

NOTE: Due to availability of funding in any fiscal year, the Division of Sport, Recreation and Physical Activity reserves the right, without prior notification, to limit the amount of funding to any sport/athlete.

Please forward the completed application, including the Provincial Sport Organization designate's signature to:

**Elite Athlete Assistance Program
Sport, Recreation and Physical Activity
Department of Health and Wellness
PO Box 2000
Charlottetown, PE C1A 7N8**