



KidSport Edmonton Application Form

So ALL Kids Can Play!

KidSport Alberta 1-888-914-KIDS (5437)
Provincial website: www.kidsport.ca

Athlete Information

First Name: _____
Last Name: _____
Gender: M / F Date of Birth (MM/DD/YYYY): _____
Age: _____ Phone: _____
Address: _____
City: _____ Postal Code: _____

Adult Information (parent/guardian/endorser)

Name: _____
Relationship to Child: _____
Address (if different than above): _____
City: _____ Postal Code: _____
Phone (home): _____ (work): _____
(cell): _____ Email: _____

Parent/Guardian Signature: _____

Date: _____

In consideration for any funding or other services that may be provided by KidSport, KidSport is hereby released from any and all claims that I or my child may have with respect to the activity that is to be funded by KidSport.

Sport Program Information

To be completed by sport organization representative

Sport: OUTDOOR SOCCER
Organization/Club: MILL WOODS SOCCER ASSOC.
Club Mailing Address: #84 4003 98 ST.
City: EDMONTON Postal Code: T6E6M8
Phone: 780 468 5233 Email: socceroffice@millwoods
Program Start Date: MAY 01 soccer.com
Program End Date: JULY 30

Total Registration Fee: _____

Subsidy/Discount from Sport Organization: _____

Total Amount Requested from KidSport: \$100
(up to \$250 per child per year)

Sport Organization Rep. (print name): CHERYL BRODEUR

Signature: CBrodeur

Date: FEBRUARY 01 2015

Equipment Requests

Does the child need sports equipment? Yes / No
(Please note: Equipment is provided by another organization-Sport Central)
If Yes, please specify equipment needed (e.g. skates, soccer shoes, racquet, etc.)

Income Information

of adults in the home: _____ # of children in the home: _____

Choose to complete either A or B to verify your financial situation.

A) Please attach photocopy of one (1) of the following Government or Proof of Income documents:

- Alberta Works Child Health Benefits Letter
- AISH
- Income Support
- Subsidized housing
- Canada Child Tax Benefit Notice (first page)
- Copy of receipt of the City of Edmonton Leisure Access Pass
If you do not have a copy of the dated receipt please call the Leisure Access Program at (780) 496-4918 to obtain a copy.
- Three consecutive Pay Stubs of all working adults in the home
- Notice of Assessment for most recent tax year
(for each adult living in the home)
If you do not have a copy of your Notice of Assessment, it can be obtained by calling 1-800-959-8281 and it will be mailed to you.

B) Endorser Signature

The endorser acts as an objective third party who is familiar with the family and in a professional position to assess the financial barriers facing the family.

Check one of the following:

- social services/social worker, school teacher,
 principal, police officer, lawyer, member of clergy

Name: _____

Organization: _____

Position: _____

Phone Number: _____

Email: _____

I verify that the family of this applicant has financial need and should qualify to receive a grant from KidSport. I agree to be contacted by KidSport for follow up if required.

Signature: _____ Date: _____

Submit Grant Application

Please ensure application is filled out completely before submitting. Incomplete applications cannot be processed.

By Mail:

KidSport Edmonton (2-226)
c/o University of Alberta
Saville Community Sports Centre
11610- 65 Ave
Edmonton, AB T6G 2E1

By Fax: 780.800.5519 **Or Email:** Edmonton@kidsport.ab.ca

If you require further information please call 780.492.0105 or email

Edmonton@kidsport.ab.ca