

# **Prince Edward Island Athlete Assistance Program 2025-2026**

# **APPLICATION FORM**

Athlete's Nam	ne:					
Sport:						
Birth Date:	/// Year Month Da	<del></del>	<b>e</b> □	Female □		
Current Mailir		.,				
Street/						
PO Box:					_	
City/Town:		Province:	Posta	ıl Code:		
Telephone						
(Work):		(Home):				
Email:					_	
Coach:	Addre	ss:				
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 ( $\sqrt{\ }$ ) in the appropriate box.						
	Yes □ No	N/A				
Athlete's Declaration & FOIPP Information						
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I hereby declare	that the above in	formation, to th	ne best o	f my knowled	ge, is true and complete. In	
return for any assistance provided through the Elite Athletes Assistance Program (EAAP), I undertake						
to fulfill all train	ing and <u>competiti</u>	on commitmen	its and I	agree to comp	ete for my home province in	
national level co	ompetitions. Pers	onal informatio	n contai	ned on this fo	rm is collected under the	
authority of the	Freedom of Inforr	nation and Prot	ection o	f Privacy (FOIF	PP) Act, R.S.P.E.I. 1988, Chapter	
F-15.01, Section	n 31(c) as it relate:	s to and is nece	ssary fo	approving as	sistance under the Elite Athlete	
Assistance Prog	gram. If you have a	ny questions a	bout the	collection or	use of this personal	
information, you	u may contact the	Director, Sport	, and Re	creation & Phy	ysical Activity at (902) 368-4789.	
Applicant's	Signature			Date	-	
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#### Prince Edward Island Athlete Assistance Program 2025-2026

### **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

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 Fisheries, Tourism, Sport & Culture

PO Box 2000

5<sup>th</sup> Floor, Shaw North

Charlottetown, PE C1A 7N8

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