



2020 KidSport™ Prince George Grant Application

All four sections of the application must be filled out completely. Incomplete and illegible forms will be returned. The parent or guardian completes sections 1 - 3, then passes the application to the Endorser to sign. Please see 2020 Application Guidelines for complete details on application process. Application must be submitted to the KidSport™ chapter in your area or to KidSport™ BC. **By submitting this form you agree to have your information stored in our online database system.**

Section 1: Athlete Recipient	
First Name:	Last name:
City:	Postal Code:
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____	Birth Date (YYYY-MM-DD):
Please select if you are one of the following populations: <input type="checkbox"/> Indigenous <input type="checkbox"/> Athlete with a disability <input type="checkbox"/> New Canadian (resided in Canada for less than 10 years)	
Has this child received KidSport™ funding before:	
Sport for which the grant will be used:	Sport season (ie: Sept-March):
Full Registration Cost:	Grant Request: (max \$150)
Section 2: Sport Organization	
Club / League / School:	
Mailing Address:	
City:	Postal Code:
Contact:	Position
Section 3: Parent or Guardian	
First Name:	Last name:
Mailing Address:	
City:	Postal Code:
Telephone: ()	Email:
<input type="checkbox"/> Single Parent/Guardian <input type="checkbox"/> Dual Parent/Guardian	
Relationship to athlete:	Number of children in home: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 or more
Please complete the following section. All boxes must be checked for application to be processed:	
<input type="checkbox"/> The information presented in this application is true and complete to the best of my knowledge	
<input type="checkbox"/> I have read and agree to the privacy policy (see guidelines)	
<input type="checkbox"/> I give KidSport permission to contact me	
<input type="checkbox"/> I agree to and understand that while KidSport is providing funding to cover the fees associated with my child's activity/sport, I will not hold KidSport responsible, nor will I take legal action under any circumstance (i.e. injury, etc)	
Signature of parent/guardian:	Date:
How did you find out about KidSport: <input type="checkbox"/> Sport Organization <input type="checkbox"/> Recreation Centre <input type="checkbox"/> Website <input type="checkbox"/> School <input type="checkbox"/> Other	
Section 4: Financial Verification Endorser	
*This section must be completed by the Endorser prior to submitting application form. Please see guidelines for full details.	
First Name:	Last name:
Position:	Organization:
Mailing Address:	
City:	Postal Code:
Email:	Telephone: ()
I have thoroughly read and understand the guidelines of KidSport™ and agree this applicant meets the guidelines. I believe the family of this applicant has financial need and a grant from KidSport™ is essential to the child's participation in a season of sport. I agree to participate in a brief telephone follow-up if required.	
Signature of endorser:	Date: