



The KidSport™ Fund



Application
For Individuals
For
Equipment Assistance



So ALL Kids Can Play!



Administered by



Corporate Partner



STRONGER COMMUNITIES TOGETHER™



Equipment Application to the KidSport™ Fund

Please read the eligibility guidelines before completing.

STEP 1 ATHLETE RECIPIENT: (Please print)

Athlete's Name (Last): _____ (First): _____

Address: _____ City: _____

Postal Code: _____ Telephone: _____ Birth date: ____/____/____ Male Female
m d y

Sport for which equipment is being requested: _____

Have you played this sport before? _____ If yes, number of years playing this sport: _____ years

STEP 2 ATHLETE'S SPONSOR:

The athlete's parent/guardian/sponsor will act as the contact person for the athlete. All correspondence will be sent to this individual.

Name (Last): _____ (First): _____

Address: _____ City: _____

Postal Code: _____ Telephone: Day: _____ E-Mail: _____

Eve: _____ Fax: _____

STEP 3 Please answer the following questions by checking either yes or no

1. Is this assistance essential in order for the athlete to participate in the sport? Yes No
2. Has the applicant ever received a KidSport™ assistance before? Yes No
If yes when? _____ for which sport(s)? _____
3. Current Gross Household Annual Income of the applicants Parent(s)/Guardian(s) – Please provide a copy of your current Canada Customs and Revenue Agency Notice of Assessment.
 - a) Are you in a common law relationship? Yes No If yes, please include your partners income when indicating your gross household annual income
 - b) Please check one of the following, which best indicates the gross household annual income, including all additional support (i.e. spouse, Common-Law spouse, child support, recreation or social services funding for sport participation etc.).
Below \$10,000/yr \$10,000 - \$20,000/yr \$20,000 - \$30,000/yr \$30,000 - \$40,000/yr \$40,000 and Over
 - c) Do any of the following apply? If so, please check the appropriate boxes.
Social Assistance Single Parent Number of children in the family # _____

Please list on separate sheet of paper any other financial reasons why this application should be considered.

- √ I have read and understand the KidSport™ eligibility guidelines.
- √ I certify that the information given in this application is true and complete.
- √ I authorize KidSport™ to verify the information contained herein.
- √ I will notify KidSport™ of any changes.

From time to time volunteers are needed to work at special events or projects (such as bingos). The regional committee may contact recipients to volunteer with their special events or projects. Are you available to volunteer your time?

Yes No

Signature of Parent/Guardian/Sponsor _____ Date: _____

Inline Skating

Skates	Size _____ (usually one size lower than your running shoes)
Elbow pads	Junior Small - <input type="checkbox"/> Medium - <input type="checkbox"/> -Large- <input type="checkbox"/> - Senior Small - <input type="checkbox"/> Medium - <input type="checkbox"/> -Large- <input type="checkbox"/>
Helmet (Bicycle)	Junior Small - <input type="checkbox"/> Medium - <input type="checkbox"/> -Large- <input type="checkbox"/> - Senior Small - <input type="checkbox"/> Medium - <input type="checkbox"/> -Large- <input type="checkbox"/>
Kneepads	Junior Small - <input type="checkbox"/> Medium - <input type="checkbox"/> -Large- <input type="checkbox"/> - Senior Small - <input type="checkbox"/> Medium - <input type="checkbox"/> -Large- <input type="checkbox"/>
Hand guards	Junior Small - <input type="checkbox"/> Medium - <input type="checkbox"/> -Large- <input type="checkbox"/> - Senior Small - <input type="checkbox"/> Medium - <input type="checkbox"/> -Large- <input type="checkbox"/>

Baseball/Softball

<input type="checkbox"/> -Bat	Junior _____ (# of inches)	Senior _____ (# of inches)
<input type="checkbox"/> -Glove	Junior Small - <input type="checkbox"/> Medium - <input type="checkbox"/> -Large- <input type="checkbox"/> - Senior Small - <input type="checkbox"/> Medium - <input type="checkbox"/> -Large- <input type="checkbox"/>	
<input type="checkbox"/> -Helmet	Junior Small - <input type="checkbox"/> Medium - <input type="checkbox"/> -Large- <input type="checkbox"/> - Senior Small - <input type="checkbox"/> Medium - <input type="checkbox"/> -Large- <input type="checkbox"/>	
<input type="checkbox"/> -Shoes	_____ (Same size as your running shoes)	
<input type="checkbox"/> -Catchers Shins Pads	Junior _____ (# of inches)	Senior _____ (# of inches)
<input type="checkbox"/> -Catchers Mask	Junior Small - <input type="checkbox"/> Medium - <input type="checkbox"/> -Large- <input type="checkbox"/> - Senior Small - <input type="checkbox"/> Medium - <input type="checkbox"/> -Large- <input type="checkbox"/>	
<input type="checkbox"/> -Catchers Glove	Junior Small - <input type="checkbox"/> Medium - <input type="checkbox"/> -Large- <input type="checkbox"/> - Senior Small - <input type="checkbox"/> Medium - <input type="checkbox"/> -Large- <input type="checkbox"/>	
<input type="checkbox"/> -Catchers Belly protector	Junior Small - <input type="checkbox"/> Medium - <input type="checkbox"/> -Large- <input type="checkbox"/> - Senior Small - <input type="checkbox"/> Medium - <input type="checkbox"/> -Large- <input type="checkbox"/>	

OTHER EQUIPMENT REQUEST (Please list all additional items you are applying for and please be as specific as you can in relation to size)

<input type="checkbox"/> - _____	<input type="checkbox"/> - _____
<input type="checkbox"/> - _____	<input type="checkbox"/> - _____
<input type="checkbox"/> - _____	<input type="checkbox"/> - _____
<input type="checkbox"/> - _____	<input type="checkbox"/> - _____
<input type="checkbox"/> - _____	<input type="checkbox"/> - _____
<input type="checkbox"/> - _____	<input type="checkbox"/> - _____
<input type="checkbox"/> - _____	<input type="checkbox"/> - _____

Office Use only

<input type="checkbox"/> Sport Manitoba	<input type="checkbox"/> Regional Sport Association
Name (Last): _____ (First) _____	
Signature: _____	Date: _____

Questions? Call KidSport™ at 1-866-774-2220