

ATHLETE APPLICATION FORM

Thank you for your application to the Whistler Nordic Development Centre (W-NDC). Please complete the form below as well as the rest of the required application documents (listed below) and return/email them to Whistler Sport Legacies' Nordic Head Coach, Etienne Letondeur, eletondeur@whistlersportlegacies.com, on or before **April 2nd, 2018**. Your application should include the following:

- Application Form Athletic Performance** (sports played, awards and achievements, best results, athletic background etc.)
- Short Essay** describing what you hope to accomplish in sport and how the W-NDC will help you achieve these goals (maximum 400 words)
- One Letter of Recommendation** from your coach outlining the coach's endorsement of: The prospective athlete (i.e. work ethic, attitude, what the athlete would bring to the program etc.)

SECTION 1: Your Eligibility

Below is a list of the eligibility criteria for the W-NDC. Please check the relevant boxes to indicate the criteria that assures your eligibility. Please note that you will be required to provide evidence for any criteria you claim to meet.

- | I am a registered athlete in good standing with Biathlon Canada or international equivalent.
- | I am a member of a regional or provincial team/squad.
- | I am willing to relocate to Whistler/Sea to Sky Corridor to participate (W-NDC Team only).
- | I am committed to the pursuit of personal and performance excellence in my sport and life.

SECTION 2: About You

Parent/Guardian		Mother/Guardian	Father/Guardian
	Name:		
	Business Phone:		
	Mobile Phone #:		
	Home Phone #:		
	Address (include postal code):		
	Email:		
	Emergency Contact (Name/Cell#):		

Whistler Sport Legacies

Mail: 1080 Legacy Way, Whistler, BC, Canada V0N 1B1
Street: 4910 Glacier Lane, Whistler, BC, Canada V0N 1B4
Web: www.whistlersportlegacies.com





SECTION 2: About You

Athlete	First Name:	Other Name(s):
	Last Name:	
	Full Address:	
	Date of Birth YYYY/MM/DD:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
	Specify your current school, College or University and year (if applicable):	
	Home Phone #:	Mobile Phone #:
	Email:	
	Club Affiliation:	
	Provincial Affiliation:	
	Are you a returning athlete to the W-NDC?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Who is your Lead/Head Coach:	
	Lead/Head Coach Contact Number:	
	Lead/Head Coach Email Address:	
	Level of Performance (please check one):	<input type="checkbox"/> High Performance Provincial <input type="checkbox"/> Provincial Team <input type="checkbox"/> Provincial Squad <input type="checkbox"/> Not Applicable
	Which program are you applying for (check one):	<input type="checkbox"/> W-NDC Intake 1 (April 27 th , 2018) <input type="checkbox"/> W-NDC Intake 2 (June 23 rd , 2018) <input type="checkbox"/> Summer & Satellite Program
Do you require accommodation? If yes, please indicate the dates and duration.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you interested in employment with Whistler Sport Legacies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Years on Provincial Team: _____

Years on National Team: _____

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SECTION 3: Your Sporting Performance and Goals

A. Use this space to tell us about your sporting performance over the previous 12 months. This should include:

- ✓ Any performances in national and international competitions, including the name, date and location of each event and your result or placing
- ✓ Any national rankings achieved
- ✓ Any regional or national teams or squads you have been selected to represent

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B. Please indicate in the table below your training history over the past three years with regard to hours of physical training (on and off snow, not including shooting time).

	<300 hours	350 hours	400 hours	450 hours	>500 hours
2017-18					
2016-17					
2015-16					

C. Please indicate your annual performance percentage at your respective National Championships and IBU ranking for the past 2 seasons.

	Percentage at National Championships	IBU Points
2017-18		
2016-17		

D. Please provide your shooting average in competition for the past 3 years;

Year	Shooting Average
2017-18	
2016-17	
2015-16	

E. What is your personal best score for the precision shooting test:

Precision Shooting Test	Score (Out of 300)
30 shot prone	
30 shot standing	

F. Use this space to tell us about what you believe are your top three physical strengths and weaknesses and why.

	Strengths	Why	Weaknesses	Why
1				
2				
3				





G. Use this space to tell us about your personal sporting goals over the next two years.

- ✓ Performance at national or international competitions
- ✓ Retaining or improving national rankings
- ✓ Selection for regional or national teams/squads

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Section 4: Applicant/Parent or Guardian Declaration

It is essential that you understand and agree to the following statements. Failure to do so may influence future support opportunities.

I certify that the information contained in this application is correct. If the information changes in any way, I will inform Whistler Sport Legacies at the earliest possible convenience.

Applicant (person completing this application)	Parent/Guardian (If applicant is under 18 years of age)
I agree to the above terms and conditions.	I give my consent for my son/daughter to submit this application.
Signature:	Signature:
Print Full Name:	Print Full Name and Relationship to Applicant:
Date:	Date:

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