



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 **March 28, 2021**. 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 (Podium & Performance only).
- I am committed to the pursuit of personal and performance excellence in my sport and life.
- I am willing and able to commit my training and competition efforts to the W-NDC.

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 Olympic Park

Mail: 1080 Legacy Way, Whistler, BC, Canada V8E 0K3
 Street: 1500 Callaghan Valley Rd, Whistler, BC, Canada V0N 1B0
 Web: www.whistlerolympicpark.com



Whistler Nordic Development Centre

Whistler Sport Legacies



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	
	If applicable, Years on Provincial Team: _____ Years on National Development Team: _____	
	Which program are you applying for (check one):	
	<input type="checkbox"/> W-NDC Podium, Intake 1 (April 1, 2022) <input type="checkbox"/> W-NDC Podium, Intake 2 (July 7, 2022) <input type="checkbox"/> W-NDC Performance, Intake 1 (April 1, 2022) <input type="checkbox"/> W-NDC Performance, Intake 2 (July 7, 2022) <input type="checkbox"/> W-NDC Summer Program <input type="checkbox"/> W-NDC Next Gen	
Do you require accommodation? If yes, please indicate the dates/duration.		
<input type="checkbox"/> Yes, dates: _____ <input type="checkbox"/> No		
Are you interested in employment with Whistler Sport Legacies?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Whistler Olympic Park

Mail: 1080 Legacy Way, Whistler, BC, Canada V8E 0K3
 Street: 1500 Callaghan Valley Rd, Whistler, BC, Canada V0N 1B0
 Web: www.whistlerolympicpark.com





SECTION 3: Your Sporting Performance and Goals

A. Use this space to tell us about your sporting performance/training 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
- ✓ What did you focus on during your preparation in the last year? (Technically, physically, mentally)

Whistler Olympic Park

Mail: 1080 Legacy Way, Whistler, BC, Canada V8E 0K3
Street: 1500 Callaghan Valley Rd, Whistler, BC, Canada V0N 1B0
Web: www.whistlerolympicpark.com



Whistler Sport Legacies

- 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).**

	<350 hours	400 hours	450 hours	500 hours	>550 hours
2021-22					
2020-21					
2019-20					

- C. Please indicate your annual performance percentage at your respective National Championships and IBU ranking for the past 3 seasons.**

	Percentage at National Championships	IBU Points
2021-22		
2020-21		
2019-20		

- D. Please provide your shooting average in competition/testing for the past 3 years:**

Year	Shooting Average
2021-22	
2020-21	
2019-20	

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

Precision Shooting Test	Score (Out of 600)
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				

Whistler Olympic Park

Mail: 1080 Legacy Way, Whistler, BC, Canada V8E 0K3
 Street: 1500 Callaghan Valley Rd, Whistler, BC, Canada V0N 1B0
 Web: www.whistlerolympicpark.com



Whistler Nordic Development Centre

Whistler Sport Legacies



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

Whistler Olympic Park

Mail: 1080 Legacy Way, Whistler, BC, Canada V8E 0K3
Street: 1500 Callaghan Valley Rd, Whistler, BC, Canada V0N 1B0
Web: www.whistlerolympicpark.com





Section 4: Applicant & Parent/Guardian Declaration

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

APPLICANT (person completing this application)	PARENT/GUARDIAN (if applicant is under 18 years of age)
<p><i>I certify that the information contained in this application is correct. If any details change in any way, I will inform Whistler Sport Legacies as soon as possible.</i></p>	
<p><i>I agree to the above terms and conditions.</i></p>	<p><i>I give my consent for my son/daughter to submit this application.</i></p>
Signature:	Signature:
Print Full Name:	Print Full Name and Relationship to Applicant:
Date:	Date:

Whistler Olympic Park

Mail: 1080 Legacy Way, Whistler, BC, Canada V8E 0K3
Street: 1500 Callaghan Valley Rd, Whistler, BC, Canada V0N 1B0
Web: www.whistlerolympicpark.com

