



Website

Email recreationsportfund.rsc@gmail.com

SECTION 1: CHILD / YOUTH INFORMATION

| | |
|---|--------------------------|
| First Name: | Last Name: |
| City: | Age (18 and under): |
| Gender: | 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) | |

SECTION 2: PARENT OR GUARDIAN

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|--|---|
| First Name: | Last Name: |
| Mailing Address: | |
| City: | Postal Code: |
| Phone: | Email: |
| <input type="checkbox"/> Single Parent / Guardian <input type="checkbox"/> Dual Parent / Guardian | Number of children in home: <input type="checkbox"/> 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+ |
| How did you hear about this funding: <input type="checkbox"/> Sport Organization <input type="checkbox"/> Recreation Centre <input type="checkbox"/> Website <input type="checkbox"/> School <input type="checkbox"/> Other | |
| Please complete the following section. All boxes must be checked, and application must be signed 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 Richmond Sports Council Active Recreation and Sport Fund permission to contact me. | |
| <input type="checkbox"/> I agree to and understand that Richmond Sports Council Active Recreation and Sport Fund is providing funding to cover the fees associated with my child's activity/sport, I will not hold Recreation Sports Council Active Recreation and Sport Fund responsible, nor will I take legal action under any circumstance (i.e. injury, etc.) | |
| Signature of Parent / Guardian: | Date: |

SECTION 3: ACTIVE RECREATION OR SPORT ORGANIZATION

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|---------------------------------|-----------------------------------|
| Activity or Sport: | Organization Name: |
| Sport Start Date (MM-DD-YYYY): | Sport End Date (MM-DD-YYYY): |
| Mailing Address: | |
| City: | Postal Code: |
| Telephone: | Email: |
| Total Registration Cost: | Grant Request (max \$400): |

SECTION 4: FINANCIAL OR ENDORSER INFORMATION (Provide ONE of A or B below)

A. **Financial Information – Please attach a copy of ONE of the following for ALL income earners in the household:**
 Notice of Assessment (line 15000) from most recent tax year

B. **Endorser Letter –** The endorser acts as an objective 3rd party and is familiar with the athlete's family and is able to assess the social and economic obstacles faced by the family. The endorser can be: School Principal or Vice-Principal, Doctor, Lawyer, Notary Public, Social Worker, Family Services, School Counsellor, Accountant, Social Service Organization. The endorser cannot be: someone from the organisation that will provide the recreational activity or sport. They cannot be a family member.

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|---|----------------------------|
| Name: | Position and Organization: |
| Mailing Address: | City and Postal Code: |
| Phone: | Email: |
| I have thoroughly read and understand the guidelines of the Richmond Sports Council Active Recreation and Sport Fund and agree this applicant meets the guidelines. I believe that a grant from the Richmond Sports Council Active Recreation and Sport Fund is essential to the child's participation in a season of sport. I agree to participate in a brief telephone follow-up if required. | |
| Endorser Signature: | Date: |