

APPLICATION FORM

2017 – 2018 Hockey Season



1. Please Print
2. Please ensure all 3 signatures are obtained (Parent, Reference & Minor Hockey President)
3. Incomplete Applications will be returned

SECTION 1 APPLICANT INFORMATION

Child's Name: _____ Date of Birth: _____ Gender: M F

Address: _____

Minor Hockey Assoc. _____

SECTION 2 PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____

Address: Same as Child's Different

If Different: Address: _____

Telephone No. _____ Email Address: _____

Has the child played hockey in previous season: Yes No

If YES what level (Novice, Atom, Peewee, etc.) _____

Has the child been approved by Breakaway for funding in previous years? Yes No

Has the child applied or been approved for other funding this season (i.e. JumpStart, KidSport, etc) Yes No

If YES, Specify with whom & amount: _____

SECTION 3: FINANCIAL INFORMATION

What is your family's main source of income: (Please select all that apply):

- One Parent Working EI/Social Assistance Two Parents Working
 Worker's Compensation Sick Leave/Disability OTHER

Gross Annual Income:

- Less than \$15,000 \$19,000—20,000 \$30,000—40,000
 \$15,000—19,000 \$20,000—30,000 Over \$40,000

Number of people living in the household _____ Number of children 18 & under _____

What is the amount of financial support being requested: \$ _____

Will you be applying for funds for additional child/children: Yes No

If YES, Please provide Names: _____

NOTE: Each child requires a Separate Application

SECTION 4: REFERENCE INFORMATION

References should be obtained from a non-family member who is well known to the applicant and family, such as a teacher, guidance counsellor, social worker, family physician, community health worker, police officer, clergy, etc. References cannot be obtained from co-workers or associates of the applicant's Minor Hockey Association.

The Reference should be familiar with your family's financial situation and who can verify that your family requires financial assistance.

Reference Name: _____ Address: _____

Reference Occupation: _____ Telephone No.: _____

Email Address: _____

Name of Child Referencing: _____ Name of Parent:: _____

Relationship to family or child: _____ How many children are in the family? _____

How long have you known the family? _____

Are the parents or guardians actively involved in the child's daily routine? Yes No

If yes please elaborate:

SECTION 4: REFERENCE INFORMATION Cont'd

What are the family's strengths? (Please select all that apply)

- Parent/guardian supportive of children
- Strong family support network
- Hardworking
- Active members of local community
- Motivated to provide for children
- Caring
- Active participation in children's school
- Unknown
- Other _____

What are the family's needs? (Please select all that apply)

- Child lacking socialization with peers
- Financial difficulties
- Family new to the area
- Child shy or introverted, lacks confidence
- Lack of family support
- Language barriers
- Child acting out regularly
- Unknown
- Other _____

What is the family's main source of income? (Please select all that apply)

- Single salary
- EI/Social assistance
- Double salary
- Worker's compensation
- Unknown
- Other _____

How will the child (or children) benefit from participating in minor hockey? (Please select all that apply)

- Socialize with children the same age
- Build on athletic skills
- Develop new skills
- Build confidence and self esteem
- Build on family support system
- Active as a family unit
- Learn to be active and healthy
- Make friends and have fun
- Reduce stress
- Learn structure and dedication
- Unknown
- Other _____

Has the child participated in a recreational program before?.

- Yes No If yes please explain that experience:
-

Does the child attend another recreation program? Yes No

Could transportation be a problem? Yes No

Has the child expressed interest in playing hockey? Yes No

Please provide your comments and expectations if the child is accepted for this financial assistance.

SECTION 5: AUTHORIZATIONS

PARENT AUTHORIZATION:

I hereby confirm that the information contained in sections 1, 2 and 3 of the within application was completed by myself and is true and correct and further confirm that the financial assistance is required from the Breakaway Foundation Inc. in order for the child referred to in Section 1 of the within application to participate in Minor Hockey. I authorize the Breakaway Foundation Inc. to collect personal information for administrative purposes and as required for inclusion in their financial assistance program and further authorize my reference to release such information as may be in their possession to the Breakaway Foundation Inc. Such information will be kept confidential.

Parent Signature: _____ **(Please Print)** _____ **Date: (mon/day/yr)** ____/____/____

REFERENCE AUTHORIZATION:

I hereby confirm that to the best of my knowledge, information and belief, the information contained in Section 4 of the within application is true and correct and further confirm that the financial assistance is required from the Breakaway Foundation Inc. in order for the child referred to in Section 1 of the within application to participate in Minor Hockey.

Reference Signature: _____ **(Please Print)** _____ **Date: (mon/day/yr)** ____/____/____

MINOR HOCKEY ASSOCIATION AUTHORIZATION:

I hereby confirm that to the best of my knowledge, information and belief, the information contained in Section 4 of the within application is true and correct and further confirm that the financial assistance is required from the Breakaway Foundation Inc. in order for the child referred to in Section 1 of the within application to participate in Minor Hockey. I also hereby confirm that the child referred to in Section 1 of the within application is eligible to be registered and play minor hockey with the Association of which I am president and will provide confirmation of registration upon the request of Breakaway Foundation Inc.

Minor Hockey Registration Amount for this Child: _____

Minor Hockey President's Signature: _____ **(Please Print)** _____ **Date: (mon/day/yr)** ____/____/____

Minor Hockey Association Mailing Address:

Telephone No. _____ **Email Address:** _____

Office Use only:		
Date Received:	Date Reviewed:	Date Payment Issued: