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**ATHLETE  
ENHANCEMENT  
PROGRAM**

# **APPLICATION PACKAGE**

2017-2018 YEAR ONE APPLICATION

*“The Athlete Enhancement Program (AEP) is the athlete support program of the ASDC Network aimed to provide high quality sports science support to emerging high performance athletes in their regions”*



## THE ALBERTA SPORT DEVELOPMENT CENTRE SW

- The *Alberta Sport Development Centre SW (ASDC SW)* is a part of a network of centres across the province that are supported by the *Alberta Sport Connection*
- The ASDC SW provides improved sport experiences for athletes and coaches in the region
- The ASDC SW supports the idea of a holistic training approach in order for athletes to reach their optimal athletic potential
- The ASDC SW works closely with the City of Lethbridge, University of Lethbridge and Lethbridge College

## ATHLETE ENHANCEMENT PROGRAM

- The Athlete Enhancement Program (AEP) is the athlete support program of the ASDC Network aimed to provide high quality sports science support to emerging high performance athletes in their regions.
- The AEP provides emerging athletes an opportunity to receive sport science support
  - Nutrition
  - Strength & Conditioning
  - Sport Psychology
  - Injury Prevention
- The program develops the foundational building blocks for future performances

## WHO QUALIFIES FOR THE AEP

*Individuals who have the following experiences qualify*

- Southern Alberta Summer Games, Alberta Winter Games or Alberta Summer Games
- Western Canada Summer Games
- Canada Winter Games or Canada Summer Games
- Member of Team Alberta, Team Canada, or Jr. Team Canada
- Member of a Developmental Team Alberta
- Athletes in the "Training to Train" or "Training to Compete" levels of the Long Term Athlete Development Model
- "Train to Win" level athletes may also be considered, preference given to younger athletes

\*INDIVIDUALS DO NOT QUALIFY IF THEY ARE CURRENTLY PARTICIPATING IN UNIVERSITY SPORTS (U SPORTS) OR ALBERTA COLLEGES ATHLETIC CONFERENCE (ACAC)\*

**ATHLETE ENHANCEMENT PROGRAM 2017/2018**

**ATHLETE'S ACCEPTED INTO THE AEP RECEIVE THE FOLLOWING  
AT NO COST**

**STRENGTH & CONDITIONING (32 Sessions)**

***HP Training (16 Weeks)***

Athlete Trains 2X A Week  
Pre/Mid/Post Testing

**SPORT SCIENCES – GROUP SESSIONS (8 Sessions)**

***Mental Training (3 Sessions)***

Goal Setting  
Imagery/Energy Management  
Self-Talk

***Athlete Body Management (2 Sessions)***

Injury Prevention  
Drugs in Sport Awareness

***Nutrition (1 Session)***

Fundamentals

***Public Relations (1 Session)***

Social Media

***Sports Vision Training Introduction (1 Session)***

Dynavision D2/NeuroTracker

***AEP Gear (For example, may change)***

Shirt, shorts, bag, bottle, notebook

**DEADLINES AND SCHEDULE\***

- Applications launch on Tuesday, August 1, 2017
- Application closes on Friday, October 13, 2017
- AEP selection on Tuesday, October 17, 2017
- Selected athletes announced/contacted on October 19/20, 2017
- AEP orientation night on Wednesday, October 25, 2017

\*DATES SUBJECT TO CHANGE

**YEAR ONE**

Athlete applies to YR 1 AEP.  
Athlete accepted and goes through  
the program.



**YEAR TWO**

To move on to YR 2 athlete applies  
again. Selection based on  
attendance, work ethic, and  
success in their first year. More  
advanced sport sciences.



**YEAR THREE**

Same intake process as YR 2.  
Application by athlete and  
previous YR 1/YR 2 attendance,  
work ethic, and success in their  
first two years assessed.  
Individualized sport sciences.

**ATHLETE INFORMATION**

Name of Applicant (First & Last):		
Gender (Please Circle): Male / Female	Birthdate (Day/Month/Year):	Age:
Address:	Postal Code:	
Phone: (Home)	(Cell)	
Applicants Email:		
Current School:	Current Grade:	Graduation Year:
Sport(s):	Position/Event:	
Current Team/Club:		

**PARENT/GUARDIAN INFORMATION**

Name Parent/Guardians (First & Last):	
Address (If different from above):	Postal Code:
Phone: (Home)	(Cell)
Parent/Guardian Email:	

**PREFERRED TRAINING BLOCK AND TRAINING DATES**

Training Block (Please Circle): Fall/Winter, October 30 – March 2 <b>OR</b> Spring, March 5 – June 22
Training Evenings/Times (Please Circle Two): Monday, 5-6PM    Tuesday, 6-7PM    Wednesday, 5-6PM    Thursday, 6-7PM    Friday, 2-3PM

**PLEASE COMPLETE THIS PAGE AND INCLUDE IN APPLICATION**

**HAS THE ATHLETE EXPERIENCED ANY OF THE FOLLOWING?**

COMPETITION EXPERIENCE	YES/NO	YEAR(S) PARTICIPATED	SPORT(S)	TEAM NAME/NAME OF EVENT OR COMPETITION
Southern Alberta Summer Games, Alberta Summer or Winter Games				
Western Canada Summer Games				
Canada Summer or Winter Games				
Other National Tournaments/Events				
Other Provincial Tournaments/Events				
**International Tournaments/Events				
ASAA Provincials (Alberta Schools' Athletic Association)				
Team Alberta Camp Invites/Tryouts				
Team Alberta				
Team Canada				
Travel/Scout Team				

**\*\*International Tournaments/Experience means events or competitions with Team Alberta, Jr. National Team, Developmental Team Canada or Team Canada, NOT a local/club/or travel team that enters competitions in other countries**

**PLEASE COMPLETE THIS PAGE AND INCLUDE IN APPLICATION**

## FOR SELECTION PURPOSES, THE FOLLOWING IS NEEDED

This is a unique opportunity that not all athletes across Canada receive, therefore, all athletes accepted must have the desire to learn and grow as an athlete and person. Please, take the time and put the effort into a strong application package. Sometimes in the selection process, it is the athlete intention letter, coach recommendation letter, and extra letters that separate athletes.

### **ATHLETE INTENTION LETTER (REQUIRED AND COMPLETED BY THE ATHLETE)**

**The intention of this letter is to provide us information that gives us insight about the athlete.**

- Why do you participate in sport?
- What do you enjoy most about sport?
- What areas do you need to improve?
- What areas are your strengths in your sport?
- What do you want to achieve in sport?
- What are your dream goals in sport?
- Why should you be accepted in the Athlete Enhancement Program?

**\*Please, provide lots of detail and put time/effort into this letter**

### **COACH AND/OR TEACHER RECOMMENDATION LETTER OR REFERRAL INFORMATION (OPTIONAL)**

**The intention of this letter is to provide a snapshot of the athlete from their perspective and experiences with them.**

- Years you have known the athlete/student
- Level of competition you have coached the athlete
- State how the athlete is rated to others in their sport – locally, provincially, and nationally
- Skill and talent base of the athlete
- How could the AEP assist your athlete in the areas of Nutrition, Mental Training, Strength and Conditioning?

**\*If the coach/teacher prefers to be contacted over the phone to discuss the application, please provide their name, phone number, and email. We may need to contact them during the selection process.**

**THE FOLLOWING IS NEEDED, PLEASE INCLUDE IN APPLICATION**

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**Waiver Form and Terms of Use**

**Termination of Support or Services**

The ASDC SW may terminate your contract or withhold support or services in any of the following circumstances:

1. You have provided false information to ASDC SW
2. You have engaged in conduct which damages the image of ASDC SW

**Additional Acknowledgements**

1. You acknowledge and agree that any information which may be held by ASDC regarding your participation in our program, and the results of sports science tests, may be used in future ASDC SW programs (for talent identification purposes) and disclosed to the Canadian Sport Centre and other regional sport centres.
2. You acknowledge and agree that information of a biographical nature, including your name, date of birth, performance results, career highlights, hobbies, photos, and interests may be released to the public and the media.
3. ASDC will not provide any financial assistance to you but will provide assistance by way of programs and services.

**Declaration**

I \_\_\_\_\_, hereby acknowledge that I have read and agree with the above terms and conditions as set out by the ASDC SW. I also waive the Alberta Sport Development Centre Southwest (ASDC SW) and its employees/service providers from any liability of injury, loss or damage to personal property associated with activities provided to me by the ASDC SW.

I am pleased to accept this support on the terms and conditions outlined above.

\_\_\_\_\_  
(Client signature)

\_\_\_\_\_  
Date (dd/mm/yy)

\_\_\_\_\_  
(Signature of parent/guardian if under 18 years)

\_\_\_\_\_  
Date (dd/mm/yy)

\_\_\_\_\_  
(ASDC Representative)

\_\_\_\_\_  
Date (dd/mm/yy)