Red Deer Minor Hockey

Youth Assistant Application

PHILOSOPHY

The Youth Assistance Program is available to assist needy youths in registering for Red Deer Minor Hockey programs. The program is to assist individuals for whom initial registration fees impose a hardship or prevent participation.

AMOUNT

This program is funded entirely by donations and therefore can only be used as long as funds are available. <u>The amount in the account will be used to assist as many participants as the funds allow.</u>

ELIGIBILITY

Any individual or family requesting financial assistance for a child's registration fee may apply.

Completely fill out attached application and attach a copy of your <u>previous years Income Tax Return.</u>

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Application Form (Please Print CLEARLY)
(If applying for more than one child, please use a separate form for each child)

Date:_____

Name of Child:_____

Address:_____

Postal Code:_____   Phone:_____

Mother's Name:_____   **Father's Name:**_____

Address:_____   Address:_____

Phone:_____   Phone:_____

Hockey Division you are requesting Assistance for:_____
(Some restrictions apply at the Elite Level)

Are you able to share any portion of the cost:_____

How many adults are in your household:_____

How many children are in your household:_____
    What are their ages:_____

Are you. . . . .   Are other household adults. . . . .

Employed Full Time   _____   Employed Full Time   _____
Employed Part Time   _____   Employed Part Time   _____
Unemployed   _____   Unemployed   _____
Student   _____   Student   _____
On Medical Disability _____   On Medical Disability _____

Are you receiving any form of assistance at the present time: Yes   No
Explain:_____

Have you explored other funding/support avenues such as; Kids Sport, Canadian Tire Jumpstart
        Sport Association Funding   Yes   No
Explain:_____

Have you used the program before: Yes   No
If Yes When:_____

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Authorization for Release
Of Confidential Information

I, _____, do hereby request Red Deer Minor Hockey to obtain from any agency, government or private information concerning my circumstances regarding:

_____

_____

_____

In making this request I, _____, herby consent to the release of herein-described information and do so freely without duress whatsoever from any source.

This request and consent is intended to apply to the specific circumstances described herein and no other. This request and consent is null and void once those circumstances have been satisfied or on _____, whichever occurs first.

_____   _____   _____
Witnessed   *Signature*   *Date*