



KidSport™ Bow Valley Application

Box 40007

Canmore, AB T1W 3H9

Phone: 877-636-5328 bowvalley@kidsport.ab.ca

KidSport™ provides grants for children 18 and under to participate in a sport season of their choice. KidSport works to fulfill its mission of eliminating financial barriers to sport participation, **So ALL Kids Can Play!** For more information, please visit www.kidsportcanada.ca/alberta

How does KidSport help?

- KidSport provides grants to children from families facing financial barriers, so they can participate in registered sport programs.
- KidSport supports programs that provide the child with a sustained sport experience led by qualified instructors.

Who is eligible to receive a KidSport grant?

- Families who are low income, on AISH, unemployed, or receiving income support through provincial government are all considered eligible.
- KidSport considers the social and economic barriers facing the family when determining eligibility.
- Grants for children and youth 18 years and under.

What does a KidSport grant cover?

- KidSport provides financial support, KidSport Bow Valley can provide up to \$500 per eligible child, per calendar year towards sport registration fees. Calendar year runs from January 1 – December 31.
- Thanks to a partnership with the Flames EvenStrength Program, KidSport may provide additional funding for hockey.
- If the child needs equipment, we will make a referral to a partner agency.
- Grants are intended to be used for sport registration fees; travel to competitions is not eligible for funding.

When is the deadline to apply?

- It's best to submit your application to KidSport as soon as you register your child in the sport program.
- Programs that are complete are not eligible for funding.

How to Apply:

1. Find a sport program your child would like to join and register him/her.
2. Find your local KidSport Chapter, by visiting kidsportcanada.ca/alberta/find-a-chapter/, or by calling 1-888-914-5437
3. You can now apply online or use the paper application form.
4. Notify the sport organization that you are requesting funds from KidSport.
5. Complete all sections of the application
6. Paper applications can be submitted by mail or email.

Applications are reviewed by KidSport within 30 days. Cheques for approved applications are mailed to the sport club directly within two weeks of the review date. You will receive an email confirming your application **result**. Please note incomplete applications will delay the process by a minimum of four (4) weeks.

Privacy / Confidentiality

KidSport respects your privacy. We never sell, trade or loan your information to any other organization. Information provided in this application is being collected for the purpose of administering KidSport. This information will only be disclosed to KidSport personnel who need the information to carry out the responsibilities of their job, and to other organizations who may need to be contacted in order to process the application.

Provincial Partners





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All sections of the application must be filled out completely. Incomplete and illegible forms will be returned.

The application can be mailed or emailed to KidSport Bow Valley.

Section 1: Child Information

First Name:	Last name:
Mailing Address:	
City:	Postal Code:
Telephone: ()	Birth Date (MM-DD-YYYY):
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Another Gender	Age:
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: Sport Organization

Sport Organization: Canmore Minor Hockey	Sport: Hockey
Sport Start Date: (MM/DD/YYYY) 10/01/2023	Sport End Date: (MM/DD/YYYY): 04/01/2024
Mailing Address: P.O. Box 8266	
City: Canmore	Postal Code: T1W 2V1
Telephone: () info@canmorehockey.org	Email: info@canmorehockey.org
Total Registration Cost:	Requested Registration Amount (\$500 max):
Thanks to a partnership with the Flames EvenStrength Program, KidSport may provide additional funding for hockey. Please check here to apply <input type="checkbox"/>	

Section 3: Adult Sponsor (Parent or Guardian)

First Name:	Last name:	
Mailing Address:		
City:	Postal Code:	Telephone: ()
Relationship to athlete		Email:
Number of Children in the Home (18 years and under) _____		Number of Adults in the Home (over 18 years) _____
In consideration for any funding or other services that may be provided by KidSport, KidSport is hereby released from any and all claims that I or my child may have with respect to the activity that is to be funded by KidSport. By signing below, you agree to and understand that while KidSport is providing funding to cover the fees associated with your child's activity/sport, you will not hold KidSport responsible nor take legal action under any circumstance (i.e. injury, etc.). I give KidSport permission to contact me. Please sign below to agree:		
Signature of parent/guardian:		Date:
How did you find out about KidSport: <input type="checkbox"/> Sport Organization <input type="checkbox"/> Recreation Centre <input type="checkbox"/> Website <input type="checkbox"/> School <input type="checkbox"/> Other		

Section 4: Please complete either A or B to verify your financial situation

Total Yearly Gross Household Income \$ _____ (including alimony, spousal support, child support, etc.)

A. Please attach a copy of a document from the list below:

Child Health Benefits Letter	Subsidized Housing	Canada Child Benefit Notice - page 1 & 2 most recent tax year	Income Support
Three Consecutive Pay Stubs (must be most recent and for all working adults in the home)			
Notice of Assessment for each adult in the home for the most recent tax year (copy can be obtained by calling 1-800-959-8281)			
Copy of a valid Banff Access Card		Copy of a valid Canmore Affordable Services Card	

B. OR Endorser Verification: The endorser is in a professional position and can assess the financial barriers facing the family

<input type="checkbox"/> School Principal or Counsellor <input type="checkbox"/> Social Worker <input type="checkbox"/> Lawyer <input type="checkbox"/> Police Officer <input type="checkbox"/> Member of Clergy			
Name:	Organization:	Position:	
Email:	Signature:		

Section 5: Request for Equipment: (used equipment may be provided by referral to another organization)

Please list required equipment: