

**Ontario Athlete Assistance Program
Ontario Card Application
2007-2008**



ONTARIO TABLE TENNIS ASSOCIATION

Important (Read First)

In order to be eligible for nomination for Ontario Athlete Carding you must complete all sections of this form. The form must be completed by you, signed and returned to the Ontario Table Tennis Association (OTTA) for completion. Applications will not be processed without a properly completed and signed form. All applicants under the age of majority must have appropriate areas signed by a parent or legal guardian.

Completion of this form does not guarantee that you will be carded. You must meet all Quest for Gold (OAAP) and PSO/MSO eligibility requirements and be nominated by your PSO/MSO. The onus is on the Applicant to prove that he/she meets all eligibility requirements.

Please send completed applications to:

OTTA

C/O Marguerite Won

#308 - 2211 Riverside Dr.

Ottawa, ON K1H 7X5

Personal Data (to be completed by the Applicant)

Last Name	First Name
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<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy)	Table Tennis – Member of OTTA <input type="checkbox"/> Yes <input type="checkbox"/> No
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Permanent Address Street No. & Name	Number of years at permanent address
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City/Town	Province	Postal Code
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Telephone Number ()	E-mail Address
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Temporary Address (If different from above)

Reason for residing at temporary address

To be eligible for the Quest for Gold (OAAP) you must be a permanent resident of Ontario for one year prior to application. Applicants are required to submit a photocopy of at least one document to establish current Ontario residency. Copy provided must show picture and address. Acceptable documents include the following: Ontario driver's license, Ontario health card with the number deleted from the copy that is submitted, or relevant school documentation. Athletes **who are out of province will only be considered on an exception basis as stipulated within the Quest for Gold (OAAP) program guidelines and athlete handbook.**

Canadian Citizen	Resident of Ontario	Permanent Resident	Date of Arrival (mm/dd/yyyy)
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	

Social Insurance Number

Are you currently attending an educational institution full time?

Yes No

If YES, which institution?

Are you receiving an Athletic Scholarship?

Yes

No

The Applicant will be required to acknowledge that he/she has sole responsibility for determining the possible impact of OAAP funding on current or future scholarships.

Are you currently receiving services from the Canadian Sport Centre Ontario?

Yes No

If NO, are you currently aware of the services offered to you by the Canadian Sport Centre Ontario?

Yes No

Training / Competitive Data

Are you training in Ontario?

Yes No

If No, where are you currently training?

Reason for training outside of Ontario (if applicable)

Number of training hours per week	Number of training weeks per year
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Do you have an individualized specific training program? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please include a copy.	Do you have an individualized specific flexibility program? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Are you following an annual training plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you use a daily/weekly training log? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Is your medical status regularly monitored by a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you participate in mental skills training? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you participate in physical testing? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Current level of competition
 International National Provincial Club

Rating Points – periods:
215 _____ 214 _____ 213 _____

Number of months in competitive season <input type="checkbox"/> 12 <input type="checkbox"/> 10 <input type="checkbox"/> 8 <input type="checkbox"/> 6 <input type="checkbox"/> 4 <input type="checkbox"/> 2	Number of matches/competitions in the Canadian rating system from period raking periods #205 - #215 inclusive?
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Coaching Data

Name of Coach
Business Mailing Address Street No. & Name

City/Town	Province	Postal Code
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Business Telephone Number ()
Fax Number ()
Email Address

Coaching certification at NCCP level or equivalent (please specify)

Declaration, Consent and Acknowledgement

I hereby declare that the information in this application is, to the best of my knowledge, true and complete as it pertains to Quest for Gold (OAAP). In return for any assistance provided to me under Quest for Gold (OAAP), I agree to enter into an Athlete/PSO/MSO Agreement with the OTTA and to fulfill all of the training and competition commitments set out in that agreement, and to make myself available to Team Ontario selection.

If I am awarded Quest for Gold (OAAP) funding, I consent to the unrestricted use of my name, hometown, image and list of accomplishments, without charge, in Quest for Gold (OAAP) promotional materials, broadcasts, press releases and other communications and publications issued by the Ministry of Health Promotion, including information on the Ministry's internet site and disclosure of my name and contact information to my local MPP, in accordance with the Terms and Conditions attached to this Application.

I also consent to the exchange of personal information about me, with Sport Canada and other federal and provincial ministries, with federal and provincial / multi sport organizations, as required for the purpose of administering the Quest for Gold (OAAP) program.

I also acknowledge and confirm that I am solely responsible for determining whether receipt of assistance under the Quest for Gold (OAAP) would negatively affect my eligibility for income support from other scholarships, bursaries or student financial assistance programs, disability or other pensions, social assistance programs or other income support programs. I confirm that the Ministry has given me no assurances and made no representations in this regard. I will not make any claims against the Ministry in this regard.

I certify that:

- a.the information given in support of this Application for a grant is true, correct and complete in every respect;
 - b.I have read, understand and agree to abide by the terms and conditions governing the grant outlined above and in subsequent correspondence from the Ministry;
 - c.I am aware that the information contained herein can be used for the assessment of grant eligibility and for statistical reporting
 - d.I understand that the information contained in the Application or submitted to the Ministry in connection with the Grant is subject to Ontario’s Freedom of Information and Protection of Privacy Act;
 - e.I accept sole responsibility for the expenditure of the Grant funds; and
 - f. have read and understand the information contained in this Application form.
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Name of Applicant	Signature	Date (mm/dd/yyyy)
Name of Parent or Legal Guardian (required if applicant is under 18)	Signature	Date (mm/dd/yyyy)
