



KidSport™ Edmonton Application

11759 Groat Road NW
Edmonton, AB T5M 3K6

Phone: 780-803-8765 Fax: 780-800-5519 Email: edmonton@kidsport.ab.ca

All sections of the application must be filled out completely. Incomplete and illegible forms will be returned.
The application can be mailed, emailed or faxed to KidSport Edmonton.

Section 1: Child Information - Parent to complete

First Name:	Last name:
Mailing Address:	
City:	Postal Code:
Telephone: ()	Birth Date (MM-DD-YYYY):
<input type="checkbox"/> Male <input type="checkbox"/> Female	Age:
Please select if you are one of the following populations?	
<input type="checkbox"/> Aboriginal <input type="checkbox"/> Athlete with a disability <input type="checkbox"/> New Canadian (resided in Canada for less than 10 years)	

Section 2: Sport Organization - EMSA Millwoods to complete

Sport Organization: EMSA Millwoods	Sport: Soccer
Sport Start Date: (MM/DD/YYYY) 03/05/2022	Sport End Date: (MM/DD/YYYY): 10/01/2022
Mailing Address: #84, 4003 98 Street NW	
City: Edmonton, Ab	Postal Code: T6E 6M8
Email: socceroffice@millwoodssoccer.ca	Telephone: (780) 468-5233 X 2
Attach Receipt of Registration or Club Signature :	
Total Registration Cost:	Requested Registration Amount (\$125 maximum per season/session of sport):

Section 3: Adult Sponsor (Parent or Guardian) Parent to Complete

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

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

Child Health Benefits Letter	Subsidized Housing	Canada Child Benefit Notice -page 1 & 2 most recent tax year
Receipt for City of Edmonton Leisure Access Pass	Income Support	
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)		

B. OR Endorser Verification: The endorser is in a professional position and can assess the financial barriers facing the family Please provide a signed letter on letterhead

<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:		

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

Please list required equipment: