



Cory Coehoorn COORDINATOR

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Athlete Enhancement Program RENEWAL Form

Date: _____ Completed By (name): _____

APPLICANT PERSONAL INFORMATION

Full Name of Applicant: _____

Gender: _____ Birthdate: _____ Grade: _____

Address: _____

City/Town: _____ Postal Code: _____

School: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Full Name of Parent(s): _____

Parent's Email: _____

Sport: _____ Event: _____

Current Team/Competition Level: _____

Full Name of Coach: _____

Number of Years with Coach: _____

Coach's Email: _____

EMERGING ATHLETES

Emerging athletes:

- Have performed well at a provincial, national, and /or international level;
- Take ownership of their personal learning and grow within their sport;
- Take initiative to access available resources (i.e. coaching, camps, etc.);
- Are aspiring to reach an advanced level of competition within their sport.

How have you performed at a provincial, national, and/or international level?

How do you take ownership for your personal learning and growth within sport?

What resources have you accessed to enhance your sport performance and knowledge?

How are you currently working towards competing at the highest level within your sport?

ASDC CONTACT

When was the last contact you had with the following from ASDC:

Courtney

Ed, Cory or Gina

Kimberlee

ADDITIONAL INFORMATION

Average number of strength and conditioning sessions you participate in:

What written short-term goal(s) will you have achieved in the next 6 months:

Will achieving this goal(s) help you perform at a higher level within your sport?

Have you completed the online evaluations (Pre, Mid and Post Evaluation)?

Please submit your completed form to the ASDC Coordinator.
ccoehoorn@mhc.ab.ca