



Dragana Vukovic COORDINATOR

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Athlete Enhancement Program Application 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: _____

Sport: _____ Event: _____

Full Name of Coach: _____

Coach's Email: _____

COMPETITION EXPERIENCES AND ACCOMPLISHMENTS

What is your current level of competition and the highest level in which you have competed?
Please be specific.

How many years have you been competing in your sport? _____

What are your sport goals in the next 1 to 2 years? Are you on target to achieve them?
Please be as specific as possible.

Please list results from your most recent competitions:

ATHLETE INTENTION

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, for your age?

What do you think your strengths are?

What areas do you need to improve?

Why should you be accepted into the program?

ADDITIONAL INFORMATION

I have read and understood the Athlete Enhancement Program Overview.

Would you like to receive an email newsletter from us?

*NOTE: There are approximately two newsletters each month.
You can unsubscribe at anytime.*

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