



Dragana Vukovic 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:

Brittney

Ed, Alex, Gina or Kayla

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?

Please submit your completed form to the ASDC Coordinator.  
[dvukovic@mhc.ab.ca](mailto:dvukovic@mhc.ab.ca)