

E. COMPETITION HISTORY

Number of provincially sanctioned events raced in 2011:	Number of Nationally/Internationally sanctioned events raced in 2011:
Top 8 Provincial results of 2011: (date/event/finish)	Top 8 National/International results of 2011: (date/event/finish)
1.)	1.)
2.)	2.)
3.)	3.)
4.)	4.)
5.)	5.)
6.)	6.)
7.)	7.)
8.)	8.)

F. TRAINING / COMPETITIVE DATE

Number of training hours per week:	Number of training weeks per year:
Do you have an individualized specific training program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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
Current level of competition and rank:	<input type="checkbox"/> International <input type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> Provincial
Please check level of competition attained to date:	<input type="checkbox"/> National Senior Team <input type="checkbox"/> National Espoir Team Pool
<input type="checkbox"/> National Junior Team <input type="checkbox"/> Provincial Team <input type="checkbox"/> University <input type="checkbox"/> College <input type="checkbox"/> Elite Club	

G. DECLARATIONS

I hereby declare that the information on this application, to the best of my knowledge, is true and complete. If verification of my academic standing is required, I give my approval for further investigation. In return for any assistance provided to me under the BC Athletic Assistance Program, I agree to fulfill all training and competition commitments, to make myself available to Team BC selection, and to contribute to athlete and coaching development programs run by the Province Sport Organization (PSO) within British Columbia. I hereby permit the unrestricted use of my name, list of sport accomplishments and BC AAP generated images for the purpose of recognition by the Government of BC officials and the media as they pertain to the BC Athlete Assistance Program.	
Signature of Applicant:	Date:
If under 19 years, parent or guardian's signature:	
Signature of Parent or Guardian:	Date:

Please complete & return this application to:

**Triathlon BC
PO Box 34098 Station D
Vancouver, BC
Email: info@tribc.org
Fax: 604 736 3180**