

STAS ATHLETE ASSISTANCE PROGRAM (AAP) APPLICATION FORM
(To be submitted with "National Skills Test")

A. Personal Information

Full Name: _____ Birth Date: ___/___/___ (mm/dd/yy)
Address: _____ City: _____ Postal Code: _____
Home Phone: _____ Mobile Phone: _____ Email: _____
Gender (circle one): M / F Occupation: _____ Date: _____

DEADLINE: May 31st for current fiscal year (Jan. 1 – Dec. 31). Mailed or dropped off at STAS office by 5:00 p.m.

B. Sepak Takraw Experience

Please list the teams you have played for:

Please list the programs you have played regularly in over the past 2 years:

Please list the tournaments/events you have competed in over the past 2 years:

Please list your volunteer Sepak Takraw activities:

Do you have Sepak Takraw Coaching experience? Yes / No If yes, what level of certification? _____
Please list experience _____

Do you have Sepak Takraw Refereeing experience? Yes / No If yes, what level of certification? _____
Please list experience _____

C. Athlete Declaration

I hereby declare that the above information, to the best of my knowledge, is true and complete. In return for any assistance provided under the Athlete Assistance Program, I will undertake to fulfill training and competition expectations as outlined by Sepak Takraw Saskatchewan, my provincial sport governing body.

Applicant's Signature

Date

Applicant's Name (PRINT, BLOCK LETTERS)

STAS OFFICE USE ONLY:

Date Application Received: _____

Approved: _____

Not Approved: _____

Reason: _____

STAC Skills Test: Consecutive Kicks Total: _____; Overall Skill Rating _____%; Athlete Assistance Support: \$ _____