



# The KidSport™ Fund

## Application For Individuals For Equipment Assistance

So ALL Kids  
Can Play!

Administered by



Corporate Sponsor



STRONGER COMMUNITIES TOGETHER™

## **Individual Equipment Application to The KidSport™ Fund**

The KidSport™ Fund is a national charity created to assist children from financially disadvantaged families to enter into sport programs where they can develop life skills such as fair play, leadership and teamwork.

The amount and type of equipment collected is limited. Please consider your equipment needs carefully before submitting this application. Be aware that the fulfillment of your application will depend on equipment availability. Eligibility does not automatically ensure any assistance.

**Please read the following guidelines carefully before completing this form.**

### **Eligibility Guidelines**

- A) Equipment grants to individual athletes are designed to help those who would not play a sport without KidSport™'s help and will be provided if equipment is available, on a first come first serve basis.
- B) KidSport™ assists children aged 5 to 18, with preference given to kids trying a sport for the first time
- C) Sport Programs must be affiliated with organizations recognized by Sport Manitoba.
- D) Equipment may be used only in structured sport activities led by a qualified coach.
- E) KidSport™ will contact the recipient to collect his/her equipment. The recipient is responsible for all transportation or shipping costs from the warehouse to its destination.
- F) Equipment is previously used and will be distributed as is.
- G) A Copy of Canada Customs and Revenue Agency Notice of Assessment must be provided as requested in Step 1 of this application. **Applications will not be processed without these forms.** If you don't have your most recent Notice of Assessment, contact Revenue Canada at: 1-800-959-8281 to obtain a copy.
- H) If you are a Foster Parent, or on Social Assistance, please provide proof of Foster Parent Status, or Social Assistance.

**DEADLINE: N/A**

**KidSport™ Fund** will process equipment applications on an ongoing basis - (Subject to availability of equipment).

### **WHERE DO I MAIL OR FAX THE FORM?**

#### **Sport Manitoba - Central Region**

225 Wardrop Street, Morden MB, R6M 1N4, 204-822-6735 (Fax) – 204-822-4792

#### **Sport Manitoba - Eastman Region**

Box 50, 20 – 1<sup>st</sup> Street, Beausejour MB, R0E 0C0, 204-268-2172 (Fax) – 204-268-6070

#### **Sport Manitoba - Interlake Region**

Box 1519, 62-2<sup>nd</sup> Avenue, Gimli MB, R0C 1B0, 204-642-6015 (Fax) – 204-642-6080

#### **Sport Manitoba - Norman Region**

Box 21 – 59 Elizabeth Street, Thompson MB, R8N 1X4, 204-778-3109 (Fax) – 204-677-6862

#### **Sport Manitoba - Parkland Region**

27-2<sup>nd</sup> Avenue S.W., Dauphin MB, R7N 3E5, 204-622-2094 (Fax) – 204-638-6558

#### **Sport Manitoba - Westman Region**

Room 146, 340-9<sup>th</sup> Street, Brandon MB, R7A 6C2, 204-726-6072 (Fax) – 204-726-6583

#### **Sport Manitoba - Winnipeg Region**

200 Main Street, Winnipeg MB R3C 4M2, 204-925-5907 (Fax) – 204-925-5916

**QUESTIONS?** Call the KidSport™ Toll Free Line at: 1-866-774-2220

**Incomplete applications will not be considered.**

# Individual Application to the KidSport™ Fund

## **STEP 1** CHILD INFORMATION

Child's Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Male  Female Birth date: Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

Number of Children in Family \_\_\_\_\_

Has this child ever received KidSport™ equipment assistance before?  Yes  No

Sport which child will be participating in: \_\_\_\_\_

Number of years in this sport: \_\_\_\_\_

Sport Organization \_\_\_\_\_

### **General Information**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Shirt size: \_\_\_\_\_ Jacket size: \_\_\_\_\_

Inseam: \_\_\_\_\_ Shoe size: \_\_\_\_\_ Age: \_\_\_\_\_

I authorize KidSport and the Sport Organization to discuss the status of my application

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **STEP 2** PARENT / SPONSOR / GUARDIAN INFORMATION

The parent/guardian/sponsor will act as the contact person for the child and will receive all correspondence.

Name (Last:) \_\_\_\_\_ (First): \_\_\_\_\_

Address (if different from Child's): \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Telephone Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Relationship to Child (i.e. Parent/Sponsor/Guardian/other): \_\_\_\_\_

Please check one: Single Parent Family  Married  Common-law

**PLEASE INCLUDE YOUR PARTNERS INCOME WHEN INDICATING YOUR TOTAL HOUSEHOLD ANNUAL INCOME.**

Do any of the following apply to your family?  Social Assistance  Foster Parent  
**IF YES - PROOF OF STATUS MUST ACCOMPANY APPLICATION – SEE POLICY “H”**

Please check one of the following, which best indicates the total household annual income, including all additional support (i.e. spouse, Common-Law spouse, child support, etc.).

Below \$15,000/yr  \$15,000 - \$25,000/yr  \$25,000 - \$35,000/yr  Over \$35,000/yr

**PROOF OF INCOME MUST ACCOMPANY APPLICATION – SEE POLICY “G”**



## Baseball / Softball

- |                                  |  |  |
|----------------------------------|--|--|
| <input type="checkbox"/> -Bat    | <b>Junior</b> _____ (# of inches)  | <b>Senior</b> _____ (# of inches)  |
| <input type="checkbox"/> -Glove  | <b>Junior</b> Small - <input type="checkbox"/> Medium - <input type="checkbox"/> Large- <input type="checkbox"/> | <b>Senior</b> Small - <input type="checkbox"/> Medium - <input type="checkbox"/> Large- <input type="checkbox"/> |
| <input type="checkbox"/> -Helmet | <b>Junior</b> Small - <input type="checkbox"/> Medium - <input type="checkbox"/> Large- <input type="checkbox"/> | <b>Senior</b> Small - <input type="checkbox"/> Medium - <input type="checkbox"/> Large- <input type="checkbox"/> |
| <input type="checkbox"/> -Cleats | _____ (Same size as your running shoes)  |  |

## Catchers Equipment

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> -Shin Pads       | <b>Junior</b> _____ (# of inches)  | <b>Senior</b> _____ (# of inches)  |
| <input type="checkbox"/> -Mask            | <b>Junior</b> Small - <input type="checkbox"/> Medium - <input type="checkbox"/> Large- <input type="checkbox"/> | <b>Senior</b> Small - <input type="checkbox"/> Medium - <input type="checkbox"/> Large- <input type="checkbox"/> |
| <input type="checkbox"/> -Glove           | <b>Junior</b> Small - <input type="checkbox"/> Medium - <input type="checkbox"/> Large- <input type="checkbox"/> | <b>Senior</b> Small - <input type="checkbox"/> Medium - <input type="checkbox"/> Large- <input type="checkbox"/> |
| <input type="checkbox"/> -Belly protector | <b>Junior</b> Small - <input type="checkbox"/> Medium - <input type="checkbox"/> Large- <input type="checkbox"/> | <b>Senior</b> Small - <input type="checkbox"/> Medium - <input type="checkbox"/> Large- <input type="checkbox"/> |

**OTHER EQUIPMENT REQUEST** - Please list all items you require. Equipment will not be disbursed if it is not listed below. Please be as specific as possible with all sizes.

- |                            |                      |                         |
|----------------------------|----------------------|-------------------------|
| # of items requested _____ | Item requested _____ | Size(s) requested _____ |
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| # of items requested _____ | Item requested _____ | Size(s) requested _____ |

### Office Use Only

#### Sport Manitoba

Name: \_\_\_\_\_ Region: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Questions? Call the KidSport™ Toll Free Line at: 1-866-774-2220**