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# ATHLETE APPLICATION FORM

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Thank you for your application to the Whistler Nordic Development Centre (W-NDC). Please complete the form below as well as the rest of the required application documents (listed below) and return/email them to Whistler Sport Legacies' Nordic Head Coach, Etienne Letondeur, [eletondeur@whistlersportlegacies.com](mailto:eletondeur@whistlersportlegacies.com), on or before **April 3rd, 2024**. Your application should include the following:

- Application Form Athletic Performance** (sports played, awards and achievements, best results, athletic background etc.)
- Short Essay** describing what you hope to accomplish in sport (and how) and how the W-NDC will help you achieve these goals (maximum 400 words)
- One Letter of Recommendation** from your coach outlining the coach's endorsement of: The prospective athlete (i.e. work ethic, attitude, what the athlete would bring to the program etc.)

## SECTION 1: Your Eligibility

Below is a list of the eligibility criteria for the W-NDC. Please check the relevant boxes to indicate the criteria that assures your eligibility. Please note that you will be required to provide evidence for any criteria you claim to meet.

- | I am a registered athlete in good standing with Biathlon Canada or international equivalent.
- | I am a member of a regional or provincial team/squad.
- | I am willing to relocate to Whistler/Sea to Sky Corridor to participate (W-NDC Team only).
- | I am committed to the pursuit of personal and performance excellence in my sport and life.
- | I am willing and able to commit my training and competition efforts to the W-NDC.

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### Whistler Olympic Park

**Mail:** 1080 Legacy Way, Whistler, BC, Canada V8E 0K3  
**Street:** 5 Callaghan Valley Rd, Whistler, BC, Canada V0N 1B8  
**Web:** [www.whistlerolympicpark.com](http://www.whistlerolympicpark.com)





### SECTION 2: About You

Parent/Guardian		Mother/Guardian	Father/Guardian
	Name:		
	Business Phone:		
	Mobile Phone #:		
	Home Phone #:		
	Address (include postal code):		
	Email:		
	Emergency Contact (Name/Cell#):		

### SECTION 2: About you

Athlete	First Name:	Other Name(s):
	Last Name:	
	Full Address:	
	Date of Birth YYYY/MM/DD:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
	Specify your current school, College or University and year (if applicable):	
	Home Phone #:	Mobile Phone #:
	Email:	
	Club Affiliation:	
	Provincial Affiliation:	
	Are you a returning athlete to the W-NDC?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Who is your Lead/Head Coach:	
	Lead/Head Coach Contact Number:	
	Lead/Head Coach Email Address:	
	Level of Performance (please check one):	<input type="checkbox"/> National youth/junior team <input type="checkbox"/> National development team <input type="checkbox"/> Provincial Team <input type="checkbox"/> Not Applicable
	Which program are you applying for (check one):	<input type="checkbox"/> W-NDC Intake 1 (May 6th 2024) <input type="checkbox"/> Next gen program (start date TBD) <input type="checkbox"/> International experience program

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	Do you require accommodation? If yes, please indicate the dates and duration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you interested in employment with Whistler Sport Legacies?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Years on Provincial Team: \_\_\_\_\_

Years on National Team: \_\_\_\_\_

### SECTION 3: Your Sporting Performance and Goals

**A. Use this space to tell us about your sporting performance over the previous 24 months. This should include:**

- ✓ Any performances in national and international competitions, including the name, date and location of each event and your result or placing
- ✓ 3 bests result of last season
- ✓ 5 bests result of two last seasons
- ✓ Any national rankings achieved
- ✓ Any regional or national teams or squads you have been selected to represent
- ✓ 200 words minimum

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**B. Please indicate in the table below your training history over the past three years with regard to hours of physical training (on and off snow). If possible, attach a link or a folder for your training log.**

	<350 hours	400 hours	450 hours	500 hours	>550 hours
2023-24					
2022-23					
2021-22					

**C. Please indicate your annual performance percentage at your respective National Championships and IBU ranking for the past 2 seasons.**

	Percentage at National Championships	IBU Points
2023-24		
2022-23		
2021-22		

**D. Please provide your shooting average in competition for the past 3 years;**

Year	Shooting Average
2023-24	
2022-23	
2021-22	

**E. What is your personal best score for the precision shooting test:**

Precision Shooting Test	Score (Out of 600)
30 shot prone	
30 shot standing	

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**F. Use this space to tell us about what you believe are your top three physical strengths and weaknesses and why.**

	Strengths	Why	Weaknesses	Why
1				
2				
3				

**G. Use this space to tell us about your personal sporting goals over the next two years; and also in five years.**

- ✓ Performance at national or international competitions
- ✓ Retaining or improving national rankings
- ✓ Selection for regional or national teams/squads
- ✓ The different stages through which to go
- ✓ Minimum 200 words

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**Section 4: Applicant/Parent or Guardian Declaration**

It is essential that you understand and agree to the following statements. Failure to do so may influence future support opportunities.

I certify that the information contained in this application is correct. If the information changes in any way, I will inform Whistler Sport Legacies at the earliest possible convenience.

Applicant (person completing this application)	Parent/Guardian (If applicant is under 18 years of age)
<b>I agree to the above terms and conditions.</b>	<b>I give my consent for my son/daughter to submit this application.</b>
<b>Signature:</b>	<b>Signature:</b>
<b>Print Full Name:</b>	<b>Print Full Name and Relationship to Applicant:</b>
<b>Date:</b>	<b>Date:</b>

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