



**The R.A.Y.S. Foundation**  
**Alberta Foundation for the**  
**Recovery of Youth in Sports**

P.O. Box 68212  
28 Crowfoot Terrace N.W.  
Calgary AB T3G 3N8  
(403) 921 – 3997  
www.albertayouthrecovery.org

Application for Assistance

<b>APPLICANT INFORMATION</b>			
Last Name	First	M.I.	Birth Date
Street Address		Apartment/Unit #	
City	Prov.	Postal Code	
Phone	E-mail Address		Age

<b>RECREATIONAL ACTIVITIES</b>			
Sport Played	From	To	Do you play for an official club or organization? YES <input type="checkbox"/> NO <input type="checkbox"/>
Club Name	Team Name	Coach's Name	
Coach's Phone #	Coach's Email	May we contact?	YES <input type="checkbox"/> NO <input type="checkbox"/>

<b>INJURY DETAILS</b>			
<i>Please fill out the information below regarding your injury. Please attach a separate page further describing the circumstances of your injury.</i>			
What kind of injury did you sustain?	Was the injury incurred while playing the above sport?		YES <input type="checkbox"/> NO <input type="checkbox"/>
What type of assistance is needed? Surgery <input type="checkbox"/> Equipment <input type="checkbox"/> Physiotherapy <input type="checkbox"/>	Has any treatment already been received?		YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, describe	What is the estimated cost of treatment?		

<b>DISCLAIMER AND SIGNATURE</b>	
I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application or interview may result in my disqualification from the application process.	
Signature	Date