

Performance Enhancement Program “PEP”

PROVINCIAL SPORT ORGANIZATION (PSO)

COACH OR MAIN CONTACT

SPORT SCIENCE AREAS REQUIRING ASSISTANCE: (please circle services interested in and provide information in chart below - # of sessions along with specific areas of emphasis)

| Type of Service | # of sessions | Service Provider | Focus |
|-------------------------|---------------|------------------|-------|
| Strength & Conditioning | | | |
| Sports Nutrition | | | |
| Mental Training | | | |
| Biomechanics | | | |
| Other | | | |

Has your team/athletes worked with service providers in the above areas before? (If so, please state along with their contact information):

Have you received any other funding towards these sport science areas? (If so, from who and what amount?)

NAME

DATE

Please return completed forms to the Sport Medicine Council of Manitoba, or send information in an email to sport.med@sportmanitoba.ca

For more information on the Performance Enhancement Program please visit www.sportmed.mb.ca