



BARWON SPORTS ACADEMY APPLICATION 2017 Netball

Please return form no later than: Friday 9th December, 2016

Attention: Barwon Sports Academy, 370 Moorabool St, Geelong Vic, 3220:
or email: cameron@barwonsportsacademy.org.au

*The **school section** can be completed and returned once you have commenced school for 2017.*

NETBALL VICTORIA CRITERIA

In line with the Netball Victoria talent pathway criteria, the Barwon Sports Academy netball program is looking for young athletes who have the potential to develop their fundamental skills through:

1. A series of technical and tactical skill development sessions,
2. Strength and conditioning education and training (10 x sessions)
3. Athlete wellbeing information sessions



NETBALL SELECTION CRITERIA 2017

TARGETED SQUADS

- 13 & 14 year old girls
- Not involved in Netball Victoria's Zone Academy program

GUIDELINES FOR SELECTION:

The Barwon Sports Academy (Victorian Regional Academies of Sport) and Netball Victoria representatives as well as the Program Manager and Coach have developed the following process regarding selection.

- 1) 13/U athletes are Talent Identified by the Academy at Association Championships through individual ranking using the Netball Victoria criteria.
- 2) Individual athletes are talent identified at Netball Victoria's Association Championships and invited to trial for Zone Academy
- 3) Individual athletes (bottom age) that trial at Zone Academy selections, but are not selected into the 2017 Zone Academy program can be invited to join the Barwon Sports Academy netball program.
(All selections will be at the discretion of the advisory panel and the ability level determined each year).
- 4) Attitude and commitment will be taken into consideration as well as the Netball Victoria selection criteria.
- 5) Athletes will attend an Induction evening in February of the following year and they will become members of the Barwon Sports Academy for that year.

Athletes pay a BSA membership which has been discounted through negotiations with Netball Victoria.

ATHLETE FOR SELECTION PROCESS

The local representative coaches/managers will identify and nominated via ranking. Athletes will be judged on the following criteria;

- ✓ Ball handling technique in throwing & catching
- ✓ Athleticism - Footwork, running ability, jumping, and landing
- ✓ Game sense, spacial awareness and the ability to read the play
- ✓ Decision making under pressure
- ✓ Leadership and communication skills
- ✓ Attitude and level of commitment to personal development
- ✓ Coachable

1. SCHOLARSHIP APPLICANT'S PERSONAL DETAILS:

1. ATHLETE:

Family name _____

Given Name/s _____

HOME ADDRESS:

Postcode _____

Home Phone () _____ Mobile (if applicable) _____

Email contact _____

Date of Birth _____ Male / Female (*please circle*)

2. PARENT/GUARDIAN CONTACT DETAILS:

Contact #1

Mr/Mrs/Miss/Ms Family Name _____

Given Name _____

Relationship to scholarship Applicant _____

Employer name and address (if applicable) _____

Position Title _____

B/H Phone () _____ Mobile _____

E-mail _____

Contact #2

Mr/Mrs/Miss/Ms Family Name _____

Given Name _____

Relationship to scholarship Applicant _____

Employer name and address (if applicable) _____

Position Title _____

B/H Phone () _____ Mobile _____

E-mail _____

3. **COACH CONTACT DETAILS:** (this refers to your current Non-Academy Coach, if applicable)

Mr/Mrs/Miss/Ms Family Name _____

Given Name _____

Address _____

Postcode _____

Home Phone () _____ Bus () _____

4. **CURRENT SCHOOL:**

Year Level _____

Home Room Teacher _____

5. **SCHOLARSHIP APPLICANT'S SPORTING/INTERESTS PROFILE:**

a) School/Association/State Representation and Achievements (Sport Specific)

b) Please list other interests and involvements (eg. Community groups, arts etc)

SCHOLARSHIP APPLICANT'S SIGNATURE: _____

DATE: ____/____/20

6. MEDICAL AUTHORITY:

(The following details are required to be completed by the scholarship applicant's parent or guardian and returned to BSA.)

This authority is completed with relation to

_____ *(Print scholarship applicant's name)*

of _____ *(Print scholarship applicant's address)*

LIST OF KNOWN ILLNESSES: (eg. asthma, epilepsy, bronchitis, back injury, etc.):

GIVE DETAILS OF ANY OPERATIONS OR SURGICAL PROCEDURES UNDERGONE WITHIN PAST FIVE YEARS:

LIST ANY MEDICATION AND/OR DRUGS CURRENTLY BEING TAKEN:

PROVIDE ANY FURTHER INFORMATION THAT IS CONSIDERED NECESSARY, SHOULD EMERGENCY TREATMENT BE REQUIRED: (eg. Details of any allergies)

I, _____ *(Print parent/guardian name)*

being the parent/guardian of

_____ *(Scholarship Applicant's Name)*

Date: ____/____/20

Confidential:

Medicare Number _____

Family Doctor _____