



BARWON SPORTS ACADEMY APPLICATION 2016 Beach Volleyball

Information evening:

See Jen Jury for further information

Application due:

Friday 11th December, 2015

Induction evening:

Monday 8th February, 2016

Please return form no later than: Friday 11th December, 2015

Barwon Sports Academy, 370 Moorabool St, Geelong Vic, 3220:

Email: Cameron Loftus cameron@barwonsportsacademy.org.au

ATTENTION

- *The school section can be completed as soon as possible. (1st years only)*

SELECTION CRITERIA:

BEACH VOLLEYBALL SELECTION CRITERIA

The panel will;

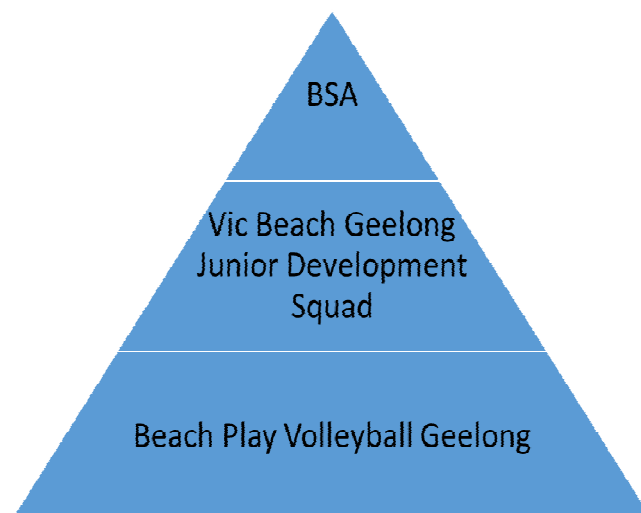
Utilise the current talent ID already set up within Vic Beach Geelong and Volleyball Victoria

The players who reach state level selections

1. **Athletes who** (may have) graduated from the development program stage.
2. **Athletes who** attain selection in the Victorian sides in U/15, U/17, U19 and U/23
3. **Athletes who** aspire to reach higher standards and who are recommended by Vic Beach Geelong and/or Volleyball Victoria
4. **Athletes who** have the potential to reach national level representation.

A discretionary selection will be made available for rep coaches/advisory panel to add a player if in their opinion the player has unrecognised potential at this stage.

BEACH VOLLEYBALL PATHWAY TO BSA SELECTION





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 _____



7. SCHOOL YEAR CO-ORDINATOR'S EVALUATION FORM:

Dear School Co-ordinator,

The person listed below has applied for a scholarship with the Barwon Sports Academy. The Academy maintains a 'holistic' approach to the development of its athletes. This involves an academic and community emphasis as well as athletic development.

For this reason we request (with parental consent) that the following details be completed and returned to directly to:

***The Executive Officer
Barwon Sports Academy,
Sports House, Moorabool Street
Geelong. 3220.***

ATHLETE NAME _____

SCHOOL _____ **YEAR** _____

ACADEMIC ABILITY: Below Average/Average/Above Average/Well Above Average

Any Comments?

ATTITUDE:

School Work





General

RELATIONSHIP WITH STAFF:

RELATIONSHIP WITH PEERS:

SIGNATURE: _____

Date: ____ / ____ /20

Please return to;

Cameron Loftus
Sports House
370 Moorabool St
Geelong
3220



BARWON
sports academy