



BARWON SPORTS ACADEMY

ATHLETICS APPLICATION FORM 2018

Please return to BSA no later than Friday 24th November 2017

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

Email admin@barwonsportsacademy.org.au

Ph: 5224 9110, fax: 5224 9100

- *The school section can be completed and returned once you have commenced school for 2018 (1st year only)*
- *Please attach a sporting resume/list of achievements with your application form.*



BSA ATHLETICS SELECTION CRITERIA (2018)

(This is the tenth year of the programs)

FULL BSA membership (All entitlements)

SELECTION CRITERIA

1. Current Athletics Victoria registered athlete
2. Registered member of a Barwon region athletics club
3. Turned 14 yrs of age at the current year (1st January, 2018)
4. Achieve times or distances that are indicators to the selection panel of being a potential National level athlete. (Achievements are from the past domestic season (last 12 months). Performances including Athletics Victoria & Little Athletics Victoria championships or Athletics Australia qualifying standard).

Types of achievements:

- IAAF any international meet, medal winner, finalist, represent the Country
- National team, Youth development squad member
- Athletics Australia Open and AWD National championship, National cross country championship, National walks championship, national AWD underage championship medal winner, finalist or participation
- Age is from 31/12/2017

Note: Final selection is at the discretion of the advisory panel and letters will then be sent to successful & unsuccessful applicants. The panel has the right to add an athlete during the year if agreed upon by BSA CEO.

Major qualifying competitions

- Regional championships
- Victorian Country championships (January)
- Victorian State championships (February)
- National championships (March)
- State All schools (Oct/Nov)
- National All schools (December - for following year)

BSA requirements

- Athlete must complete BSA application form
- Athlete must provide character reference from school or coach
- Athlete must be paid up for membership before training in the program.
- Must complete athlete forms and contract (this includes Code of Conduct)

Application forms and further BSA information can be found at <http://www.barwonsportsacademy.org.au/>

Note:

- The BSA Induction night will be held 65h February, 2018 and you will receive notification through an acceptance email/letter.

Athletes will need to have submitted their applications to the Academy by **Friday 24th of November, 2017**



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

