



BARWON SPORTS ACADEMY APPLICATION FORM 2018

SAILING

Please return to BSA no later than: Friday 8th December 2017

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

Email admin@barwonsportsacademy.org.au

Ph: 5224 9110, fax: 5224 9100

ATTENTION

- *Please attach a Sporting Resume/ List of Achievements with your application*
- *The school section can be completed as soon as possible. (1st year only)*



Selection criteria for the 2018 Barwon Sports Academy

This is the third year of the program and a review will be conducted in November 2017 and a decision made on any alterations to the selection criteria for following years.

FULL BSA membership (All entitlements) - Cost \$420

The selection criteria was clearly defined as being sailors from the Barwon region (including Bellarine and Western region) and who are between the ages of 12 and 20 years of age:

(Utilising the Talent ID already set up within Royal Geelong Yacht Club and Yachting Victoria)
The sailors who reach state level selections in the previous years. This will include

1. **Athletes who** graduated Victorian Junior Sailing Team. (not compulsory)
2. **Athletes who** attain selection into Victorian Youth Sailing Team
3. **Athletes who** attain selection into Australian Youth Sailing team or who are recommended by Royal Geelong Yacht Club sailing and Program manager and or Yachting Victoria
4. **Athletes who** have qualified for World Championships in their respective sailing classes recognized by Yachting Australia and the International Sailing Federation.

A discretionary selection will be made available for rep coaches/advisory panel to add or omit an athlete. Expectations of attendance, behaviour and attitude high and monitored.

DEVELOPMENT SQUAD MEMBERSHIP (Restricted entitlements) - Cost \$320

Selection criteria

Open to 12/U Boys and Girls (as of 1st January, 2018) who have been talent identified through the local sailing network and who have been recommended by the BSA Sailing advisory panel.

Note: The aim of the Development squad is to introduce the athletes to the educational and skill acquisition section of the main program. They will begin their understanding of the injury prevention, core strength and conditioning and nutrition elements of the program. Selection on the athletes readiness for a full membership is at the discretion of the program manager and head coach.

- Invitation will be extended through Program manager Rod Hagebols
- Able to attend coaching sessions per with BSA squad and receive skill related/coaching from BSA coaches.
- Attendance to relevant BSA Athlete education sessions. (1st year athlete sessions)
- BSA 3 piece uniform. (Polo, training top and shorts)
- Muscular skeletal screening.
- Will be eligible to receive any medical benefits ie priority bookings/discounts as laid out on the BSA website (<http://www.barwonsportsacademy.org.au/medical-network.html>)



Note: All athletes will be included under BSA Insurance cover when training.

Not entitled to;

- Strength and conditioning sessions
- Leisure link membership

BSA requirements

- Athlete must complete BSA application form.
- Athlete must provide character reference from school.
- Athlete must be paid up for both membership and uniform before training.
- 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:

- This program is optional and will not have any bearing on future BSA selection.
- The BSA Induction night will be held 5th February, 2018 and you will receive notification through an acceptance email/letter.

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Athletes will need to have submitted their applications to the Academy by **Friday 8th December, 2017.**

HOW THE TALENT PATHWAY STRUCTURE LOOKS IN VICTORIA

Victorian Junior Sailing Team (VJST) - 2017 States, 2017/18 Nationals & 2017 YV Youth Regatta U15
Victorian Youth Sailing Team (VYST) – 2017 States, 2017/18 Nationals, Australian Youth Champs & 2017 YV Youth Regatta 15/U19
Australian Youth Sailing Team (AYST) – 2017 Australian Youth Championships – Ages same as VYST
VJST classes – Optimist, Minnow and International Cadet
VYST classes – 29er, Laser 4.7, Laser radial, 420 and Hobie 16
AYST – Classes same as VYST



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

