



BARWON
sports academy

**BARWON SPORTS ACADEMY
ATHLETE APPLICATION
2017
Tennis**

Please return to BSA no later than Friday 9th December 2016

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 2017. (1st year athletes only)*



ATHLETE APPLICATION

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