



### SOCCKER ACADEMY APPLICATION FORM

#### Student Athlete Details and Declaration

Confidentiality clause: Please note that this information will only be made available to MAC Soccer Academy staff including coaches and support staff as well as State and Partnership Organisations as appropriate. One copy will be stored in the student's file, and a copy will be made available to the Program Coordinator and Coach.

Note: All forms must be filled out in full and returned to the General Office, 167-175 Mt Alexander Rd, Flemington VIC 3031.

#### **Athlete's Details (Block Letters)**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth:    /    /                      Gender: Male/Female

Current School: \_\_\_\_\_ Current year level: \_\_\_\_\_

Athlete's Mobile: \_\_\_\_\_ Athlete's Email: \_\_\_\_\_

Height: \_\_\_\_\_ (Cm) Weight: \_\_\_\_\_ (Kg)

#### Parent/ Guardian Contact Details

Parent/ Guardian Full Name:

\_\_\_\_\_

Street Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Parent/ Guardian Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship to Student Athlete: \_\_\_\_\_

Home Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Athlete's Soccer Profile/ History**

Current Soccer Club:

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Previous Soccer Clubs:

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Highest Level played:

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League/ Competition:

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Playing Position: \_\_\_\_\_

Name of current Coach:

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Contact Details of Coach:

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Representation and Achievements (indicate present or latest team selection if applicable)

School:

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Association:

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State:

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Please list other interests and involvements (E.g Community groups, volunteering etc):

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(Please attach further documentation if required).

## MEDICAL AUTHORITY

This form must be completed by the parent/ guardian of the athlete, and returned with the application.

CONFIDENTIALITY: Please note that this information will only be made available to MAC Soccer Academy staff including coaches and support staff, State and partnership organisations as appropriate and relevant medical authorities.

This authority is completed with relation to:

Student Athlete name: \_\_\_\_\_

Address: \_\_\_\_\_

**List of known illness: (E.g. Asthma, epilepsy, back injury, etc)**

\_\_\_\_\_  
\_\_\_\_\_

**Give details of any operations of surgical procedures undergone within the past five years:**

\_\_\_\_\_

**List any medication or drugs currently being taken:**

\_\_\_\_\_

**Please provide any details of allergies that your child has, please be specific:**

\_\_\_\_\_

I, (parent/guardian name) \_\_\_\_\_

Being the parent/guardian of (Student athletes name)

\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Medicare number: \_\_\_\_\_

Family doctor: \_\_\_\_\_ Number: \_\_\_\_\_