



ATHLETE DEVELOPMENT PROGRAM APPLICATION FORM

Student Athlete Details and Declaration

Confidentiality clause: Please note that this information will only be made available to Health and Physical Education Department which includes coaches and support staff whom are apart of the Athlete Development Program (ADP). One copy will be stored in the Student's File, and a copy will be made available to the Program Coordinator and strength and conditioning coach.

Note: All forms must be filled out in full and returned to Mr.Ben no later then the 25th of July 2019

Athlete's Details (Block Letters)

First Name: _____ Surname: _____

Age: _____ Date of Birth: / / Gender: Male/Female

Current Sport: _____ Current year level: _____

Athlete's Mobile: _____ Athlete's Email: _____

Height: _____ (Cm) Weight: _____ (Kg)

Parent/Guardian 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 Profile/ History

Current Sport played:

Previous sporting played:

Highest Level played: _____

League/ Competition: _____

Playing Position: _____

Name of current Coach: _____

Contact Details of Coach: _____

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

School: _____

Association: _____

State: _____

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

(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 Athlete Development Program 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: _____