



Sports Academy Application

Sport/s _____

Student Information

Surname _____ Given Names _____

Address _____ State _____ P/Code _____

Date of Birth _____ Gender Male Female

Year level this year Secondary School Year 7 Year 8 Year 9 Year 10 Year 11 Year 12

Consideration may be given for younger students at the Principal's discretion.

Preferred email for Sports Academy messages _____

Preferred mobile number for SMS messages _____

Representation

National: details of any trials or selection to compete for Australia in International Competition.

State: details of selection to compete for NSW, QLD in National Championships.

Current Clubs or Teams

Local / Domestic _____ Under _____

Representative _____ Under _____

Recent Achievements

Details best achievements in the past year/season. Please include event, date, team or individual awards, or other levels of performance.

(Please attach additional documentation if applicable).

Injuries

Give details of any serious injuries and/or surgery or treatments (year, duration of injury etc.).

Training Schedule

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Before school							
After school							

Club / Representative / Personal Coach Information

Name _____ Mobile _____

Email _____

PLEASE NOTE: It is preferred that applicants complete this page in their own handwriting.

Sporting Goals

Describe briefly your future goals in your sport. Please include goals for 2017-2018 plus longer term goals.

Academic Goals

Please also include subjects for improvement and future academic studies.

List the achievements that make you feel the most proud

These may be positions of responsibilities you have held or awards you have earned.

Student and Parent Signatures

I/we acknowledge that I/we have fully disclosed and provided copies of all the required and relevant information in relation to this application and these details are correct to the best my/our knowledge. I/we are aware that failure to provide full disclosure or the provision of misleading information will result in this application being declined.

Signed _____
(Student/Athlete's signature)

Signed _____
(Parent/Guardian's signature)

Please print name _____

Please print name _____

Date ____/____/____

Date ____/____/____

PLEASE INCLUDE: Two references and a current school report to this application.

Completed applications should be returned to:

Mr Stuart Marquardt

Principal

Email: Principal@lindisfarne.nsw.edu.au