



SPORTS ACADEMY APPLICATION FORM

Please complete all pages in full and return to the College or PO Box 83, St Albans 3021 by 1st September 2017.

Student Athlete Details and Declaration

Confidentiality clause: Please note that this information will only be shared with VUSC staff as well as State and Partnership Organisations as required. One copy will be stored in the Student's File, and a copy will be made available to the Program Coordinator and Coach.

I am applying for entry into the following **VUSC Sports Academy Program/s for 2018** (you may select more than one):

Rugby League Academy

Sport Leadership Program

Athlete Development Program

Student's Details (please use capital letters)

First Name: _____ Surname: _____

Age: _____ Date of Birth: / / Gender: Male / Female (please circle)

Current School: _____ Current Year Level: _____

Student's Mobile: _____

Student's Email: _____

Parent /Guardian Details

Parent / Guardian Full Name: _____

Street Address: _____

Suburb: _____ Postcode: _____

Home Number: _____ Mobile: _____

Parent / Guardian Email: _____

Emergency Contact Name: _____

Relationship to Student: _____

Home Number: _____ Mobile: _____

Student's Sporting Profile

Sport: _____

Note: If you currently play more than one sport, please photocopy and complete this page again.

Student's Full Name: _____

Current Sport Team: _____

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):

Indicate your main objectives/aims/goals in your chosen sport over the following periods:

Immediate (this Year):

Medium Term (2 Years):

Long-Term (5-10 Years):

What are your academic goals?

What are your career goals?

Please list your strengths as an athlete.

Please specify areas of your sporting progress you would like to work on in the next twelve months.

Briefly indicate why you want to enrol in the VUSC Sports Academy.



SCHOOL CO-ORDINATOR EVALUATION

Dear School Co-ordinator,

The student listed below has applied for entry into the VUSC Sports Academy.

The Academy maintains a holistic approach to the development of our student athletes. This involves an academic and community emphasis as well as sporting development.

For this reason we request (with parental/guardian consent) that the following details be completed and returned with the application to:

**Victoria University Secondary College
Sports Academy
PO Box 83
St Albans VIC 3021**

Student's Name: _____

School: _____ **Year Level:** _____

Academic Ability: Below Average / Average / Above Average / Well Above Average

Comments _____

Attitude regarding school work and in general _____

Relationship with staff and peers _____

Signature: xCOORDINATOR **Name:** _____

Date: ___ / ___ / ___



STUDENT ATHLETE AGREEMENT

By accepting a position in the VUSC Sports Academy, you agree to comply with all conditions set out below and you must understand that failure to do so may result in exclusion from the VUSC Sports Academy Programs.

- Conduct yourself in a manner that meets the high standards and expectations set out by the College;
- Co-operate with the College's endeavours to deliver a high quality sports program;
- Demonstrate sporting commitment and/or achievement in the selected sport as well as a positive attitude towards your academic studies to reach your full potential;
- Work with your coaches and support staff to improve your individual and team performance, by attending scheduled training and team meetings;
- Notify coaching staff in advance of your inability to attend any session and disclose your reasons for non-attendance;
- Comply with the training requirements as determined by the coaches and accept and respond in a positive manner to their requests and constructive criticism;
- Maintain personal habits of health conducive to sporting excellence and good health;
- Abide by the 'player code of conduct' which is expected by all students participating and representing the school in Inter-School Sport;
- Accept victory or defeat with dignity and grace;
- Wear the appropriate school uniform in a dignified manner when representing the College;
- Wear your Academy uniform with pride, remembering you are a visible identity of the Academy and our College;
- Agree to attend Academy promotional events as requested.

Having read and understood the above program conditions, I accept these conditions as stated.

I wish to participate in the Victoria University Secondary College Sports Academy Program and I declare that all the information submitted on the attached forms are correct and complete.

I understand that the Academy reserves the right to vary or reverse any decision regarding my participation, made on the basis of incorrect information or my failure to comply with all details stated in the VUSC Sports Academy Program Conditions.

Signature: ×STUDENT ATHLETE

Date: / /



PARENT DECLARATION AND MEDIA CONSENT

Student's Name: _____

Parent / Guardian Name: _____

Parent / Guardian Agreement

I hereby give permission for my son/daughter to participate in the Sports Academy, including incursions and excursions as arranged. I understand that further information and permission forms for all external camps and excursions will be provided to me for my consent. I agree to meet all payments of fees on time, or as arranged with the VUSC Business Manager – Kerri Trevaskis (Tel: 8312 0200).

Multi Media Image and Video Permission

I _____ the parent / legal guardian of _____ agree to and provide permission for photographic, video, audio or any other form of electronic recording of the named student to be used by Victoria University Secondary College, School Sport Victoria or the National Rugby League for the purposes of marketing and student / team training.

I acknowledge and agree that ownership of any photographic, video, audio and any other form of electronic recording will be retained by Victoria University Secondary College.

I authorise the use or reproduction of any recording referred to above for any reasonable purpose within the discretion of Victoria University Secondary College without acknowledgement and without being entitled to remuneration or compensation.

I understand and agree that if I wish to withdraw this authorisation, it will be my responsibility to inform the school via the Principal.

Signature: × PARENT/GUARDIAN

Signature: × STUDENT

Date: ___/___/___

Date: ___/___/___



MEDICAL AUTHORITY

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

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

This authority is completed with relation to:

_____ (Print student's name)

of _____ (Print student's address)

List of known illnesses: (e.g. asthma, epilepsy, back injury, etc)

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

List any medication or drugs currently being taken:

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

Does the student have ambulance cover? No Yes – member number _____

Parent / Guardian signature: _____

Date: ____ / ____ / ____

Medicare Number: _____

Family Doctor: _____ Phone Number: _____

Medical Clinic: _____