



**SOUTH WEST ACADEMY OF SPORT Inc.
(‘SWAS’)**

ATHLETE APPLICATION

Please return completed forms with a non-refundable \$50 deposit to:

(upon acceptance the \$50 will be credited to the Athlete Levy)

South West Academy of Sport

PO Box 26, Warrnambool, Vic 3280

Email ann.sissons@swtafe.vic.edu.au

Ph: (03)5564 8567 Mobile: 0400 076 469

Athlete Application Form

INDIVIDUAL SPORT (<i>name</i>)	PROGRAM SPORT	MUNICIPALITY
<input type="checkbox"/>	<input type="checkbox"/> BMX	<input type="checkbox"/> Warrnambool City
<input type="checkbox"/>	<input type="checkbox"/> Cycling	<input type="checkbox"/> Moyne Shire
<input type="checkbox"/>	<input type="checkbox"/> Golf	<input type="checkbox"/> Corangamite Shire
<input type="checkbox"/>	<input type="checkbox"/> Netball	<input type="checkbox"/> Southern Grampians Shire
<input type="checkbox"/>	<input type="checkbox"/> Shooting	<input type="checkbox"/> Glenelg Shire
<input type="checkbox"/>	<input type="checkbox"/> Tennis	
	<input type="checkbox"/> Triathlon	

1. ATHLETE DETAILS

Given Name:		Surname:	
Gender: M / F		Date of Birth:	
Residential Address:			
Town:	State:	Postcode:	
Mobile:		Home Phone:	
Email:			
Are you Aboriginal or Torres Strait Islander? Y / N			

2. PARENT/GUARDIAN DETAILS (*also to be used for emergencies*)

Parent Guardian 1 Name:			
Postal Address:			
Town:	State:	Postcode:	
Home Phone:		Work Phone:	
Mobile:		Email:	
Parent /Guardian 2 Name:			
Postal Address (<i>if different</i>):			
Town:	State:	Postcode:	
Home Phone:		Work Phone:	
Mobile:		Email:	

3. OCCUPATION DETAILS

<i>Under the terms and conditions of the offer for admission, unless extenuation circumstances, you must be either:</i>	
Attending primary, secondary or tertiary education	<input type="checkbox"/>
Employed or actively seeking employment	<input type="checkbox"/>
School/Employer:	Year Level (if applicable):
Additional Information if extenuating circumstances apply:	

4. SPORTING PROFILE

Club Name(s): _____

Details of Current Coach(es) and/Mentor(s)

Coach Name(s): _____

Club: _____

Phone: _____ Email: _____

OR tick box if you do not currently have a coach or mentor.

Past Performance(s)

Please outline your achievement at the following levels:
(indicate highest and/or latest team selection)

	SCHOOL	tick		CLUB	tick
S1	Competed at Regional Level (zone Team)		C1	Represented regional team	
S2	Competed at State Level (regional Team)		C2	Represented Country Victoria	
S3	Competed at National Level (State Schools Team)		C3	Competed at state championships	
S4	Competed at International Level		C4	Representing State Team	
			C5	Competed at National Championships	
			C6	Represented National Team	
			C7	VIS Scholarship Holder	

Sporting Goals (use additional paper if required)

List your short term athlete goals (the upcoming year) within your sport of _____.

List your medium term athlete goals (the next 2-5 years) within your sport.

How do you think being involved with the SWAS will help you?

Additional information (optional).

SCHOLARSHIP APPLICANT'S SIGNATURE: _____ **DATE:** _____

Athlete Medical Form

Athlete's Name:	
Doctor's Name:	
Doctor's Clinic:	Doctor's Phone:
Medicare Number:	Private Health Insurance? Yes / No Fund Name:
Do you have ambulance cover? <i>Circle one:</i> Yes / No	

Does your child suffer from any of the following medical conditions?

Circle each condition and list any others.

Diabetes Yes / No

Asthma Yes / No (if yes, please complete Asthma Action Plan form)

Epilepsy Yes / No

List any additional eg. Bronchitis, Heart Condition, Heart Murmur

If yes, please detail management:

Does your child suffer from any allergies?
(Please list any allergies & detail management)

Circle one: Yes / No

Does your child have any physical (eg muscular/joint) problems or limitations? *Circle one:* Yes / No
If yes, please explain.

Are there any other conditions (including infectious diseases as they arise), that SWAS should be aware of?
If yes, please explain.

Circle one: Yes / No

Does your child have any special dietary requirements?
If yes, please explain.

Circle one: Yes / No

Does your child take any long term medication?
If yes, please specify.

Circle one: Yes / No

I hereby give permission for the First Aid Officer to administer first aid and for an Ambulance to be called for my child in case of an emergency.

Parent Signature: _____ Date: _____

Media Release

Media releases are a key tool utilised by SWAS to promote our athlete's achievements in addition to recognising our sponsors and providing them with promotional value.

Once an athlete has achieved a milestone the following process is to take place:

1. Contact SWAS and provide details of the accomplishment.
2. SWAS will produce a media release and circulate to our media database as well as forwarding to the relevant sponsor.
3. The athlete should also nominate their preferred time to do a media interview of which SWAS may coordinate.
4. Where possible SWAS will ensure there is someone in attendance to assist the athlete with wording/nerves before interviews.

Please Note: Contact with SWAS should be within a week following the achievement in order to report current news.

Guidelines for Social Media – Facebook, Twitter and Team App

- ✓ Exercise courtesy, especially in regards to the tone of your posts. Treat your SWAS community members with respect just as you would like to be treated.
- ✓ Profanity and abusive language are absolutely not permitted.
- ✓ SWAS will be monitoring your posts for their veracity or usefulness. Each of you must also be responsible for how you interpret the information if you choose to read it.
- ✓ It is recommended you never post your address or phone number.
- ✓ If your post does get deleted and you have questions, please feel free to email the SWAS Coordinator.
- ✓ Your posts should adhere to these guidelines at all times.
- ✓ If for any reason you harass other members or are unable to abide by these guidelines, you will be removed from the group effective immediately.

Athlete Code of Behaviour

By accepting a program or individual scholarship with the South West Academy of Sport you agree to comply with all the conditions listed below and fully understand that failure to do so may result in expulsion from SWAS.

- ✓ Work towards the attainment of your full potential in sport and studies and/or employment.
- ✓ **Make every effort to attend all training and ACE sessions as specified by SWAS and the program personnel.**
- ✓ Notify the Manager of your Program, Coach or the SWAS Administrator in advance of your inability to attend any SWAS session with a reason for non-attendance.
- ✓ Comply with the training requirements as instructed by the coaching staff.
- ✓ Accept and respond in a positive manner to their requests and constructive criticism.
- ✓ Maintain personal habits of health conducive to sporting excellence.
- ✓ At all times behave in an appropriate manner – never argue with an Official, Coach, Manager of Programs.
- ✓ Agree to not use any form of performance enhancing drugs that are banned by the Australian Sports Anti-Doping Authority.
- ✓ Agree to participate in random drug testing conducted by recognised authorities.
- ✓ Agree to attend SWAS promotional functions/ media releases as requested.
- ✓ **Wear the appropriate SWAS uniform to training, competition and ACE sessions.**

Please Note: By signing and returning this form you have agreed and acknowledged the following:

- a) That you are aware of the nature of any normal hazard associated with transportation supplied by SWAS to attend tournaments, trainings and training camps.
- b) SWAS will not be liable for any injury or illness associated with the athlete. All athletes participate in SWAS programs/activities at their own risk.
- c) SWAS will not be liable for any loss or damage arising out of the normal course of camps/ excursions/ activities/ competitions or courses attended by the athlete.
- d) That your son/daughter is representing SWAS and therefore is expected to behave according to the Athlete Code of Behaviour.
- e) That any breaches of (d) above will result in the athlete being sent home, with costs associated with this action being the responsibility of the parent/guardian, and the athlete status within the SWAS program will be reviewed.

ATHLETE DECLARATION

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

- ✓ I certify that the information supplied is correct to the best of my knowledge.
- ✓ I understand that SWAS reserves the right to reverse any decision regarding my participation, made on the basis of false information supplied or my failure to adhere to the conditions.
- ✓ I understand that I will be required to pay in full; a Membership, an Athlete Levy and an other costs associated with my Sport Program and I will attend all Academy activities for the period of the contract.

Athlete Signature: _____ **Date:** _____

PARENT DECLARATION – *if athlete is under the age of 18*

I have read and understood the above athlete conditions; and as legal guardian for the athlete, I do accept the conditions as stated.

- ✓ I hereby authorise SWAS to produce media releases and to utilise the athlete profiles and photographs of my SWAS athlete to promote the organisation and any accomplishments that my son/daughter may have achieved.
- ✓ I hereby give permission for my son/daughter to participate in tournaments, training camps and clinics arranged as part of SWAS programs/activities.
- ✓ I agree to enter into a payment contract to pay the membership and athlete levy on behalf of my son/daughter. The full membership, athlete levy and sport program costs are payable by me in full each year and I acknowledge that SWAS does not provide any refunds. I understand that athletes withdrawing from SWAS during the period of this initial contract are required to pay the total costs, as outlined above.
- ✓ If I do not withdraw in writing, within one month of the completion of the initial term, this contract will be binding for all subsequent 12 months terms.

Parent/Guardian Signature: _____ **Date:** _____

COACH DECLARATION

- ✓ I have read this application and hereby acknowledge that the information relating to the sporting achievements of _____ is, to the best of my knowledge true and correct.
- ✓ I support the athletes application and endeavour to work with the South West Academy of Sport to assist the athlete in pursuing their sporting ambitions.

Coach's Signature: _____ **Date:** _____

Appendix One: **SWAS UNIFORM**

SWAS provides a presentation uniform and a training uniform; and some sports programs have a compulsory competition uniform which may be an additional cost. As part of the athlete contract you agree to wear this uniform when the situation allows, such as for sporting ceremonies including award ceremonies, sporting competitions, media situations, SWAS events and SWAS training sessions.

When you enter as a full scholarship holder, the uniform SWAS provides includes:

SWAS Polo Shirt

SWAS Jacket

SWAS Training Singlet

SWAS Cap

SWAS Diary (optional)

Additional or replacement uniform may be ordered on your behalf at cost plus 10%.

Note: Some sport programs have specific competition uniform which must be purchased unless there is external sponsorship for such items at the time.

Athlete Uniform Order

Polo Shirt (please circle): Kids sizes: 8 10 12 14 16 18

Adult Sizes: Small Medium Large XL XXL XXXL

Jacket (please circle): Kids Sizes: 8, 10, 12, 14, 16

Adult Sizes: Small Medium Large XL XXL XXXL

Training Singlet (please circle): 8 10 12 14 16 18 Small Med Large XL

OFFICE USE ONLY	
Date Contract received	
Date Deposit received	
Date full payment received	
Uniform received	