



PARTICIPANT DETAILS AND DECLARATION

This form must be completed and returned at induction prior to the commencement of the sports program

I _____ apply for inclusion into the Talent Development Program

in the sport of: _____ (please nominate)

STATE SPORTING ASSOCIATION MEMBERSHIP NUMBER: _____

EXPIRY DATE OF MEMBERSHIP _____

If Golf, give AGU Handicap _____ and GOLF LINK No. _____

PART ONE: SPORTING DETAILS

CURRENT COACH / Club / Association

Dr/Mr/Mrs/Ms/Miss _____

Surname _____ Given Names _____

Address _____ Post Code _____

Telephone 1. Home _____ 2. Work _____

Club/Association _____

SPORT DETAILS/ACHIEVEMENTS *Please provide details your achievements at these levels:*

Level	Detail achievements
Association Representation	
State Representation	
National Representation	

Please give details of **OTHER SPORTS** you participate in:

Type of sport	Achievements/competition details

What are your main objectives/aims in your chosen sport in the next two years?

Briefly, state why you want to be a member of the Gippsland Sports Academy Talent Development Program?

Please detail any **SPORTING QUALIFICATIONS OR EXPERIENCE** you have e.g. umpiring, officiating, coaching, volunteer work etc.

Type of sport	Achievements, qualifications etc.

Please list your strengths as an athlete: _____

Please detail specific areas of your sporting progress you would like to work on in the next twelve months: _____

PART TWO: ATHLETE CODE OF BEHAVIOUR, CONDITIONS AND DECLARATION

By accepting a position in the Gippsland Sports Academy Talent Development Program, 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 Academy.

- ✓ Work towards the attainment of your full potential in sport and studies or employment.
- ✓ Make every reasonable effort to attend all compulsory training and all education sessions as specified by the coaching staff.
- ✓ Notify coaching staff in advance of your inability to attend any Academy session and disclose your reasons for non-attendance.
- ✓ Occupy your time gainfully outside sport and in a manner expected by the Academy.
- ✓ Comply with the training requirements as laid down 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.
- ✓ Accept victory or defeat with dignity and grace.
- ✓ At all times behave in an appropriate manner – never argue with an official, control your temper and participate for enjoyment, whilst at the same time striving to achieve excellence.
- ✓ Co-operate with the management of the Academy in their endeavours to deliver a quality sports program.
- ✓ Agree to not use any form of performance enhancing drugs that are banned by the Australian Sports Anti-Doping Agency and complete ASADA Level 1 Anti Doping course and /or Level 2 Anti Doping test and all learning updates.
- ✓ Agree to participate in random drug testing conducted by the recognised authorities.
- ✓ Agree to attend Academy promotional functions as requested.
- ✓ Wear your Academy uniform with pride, remembering you are a visible identity of the Academy.

WORK OR STUDY:

Under the terms of the offer for admission to the Gippsland Sports Academy, you must be either:

- ✓ Attending primary or secondary school

_____ (Please list the current school you attend)

- ✓ Gainfully employed; or
- ✓ Actively seeking employment.

I wish to participate in the Gippsland Sports Academy Talent Development 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 Scholarship Conditions.

**“Having read and understood the above code of behaviour and conditions,
I accept these as stated.”**

Signature of participant _____ **date** _____

PART THREE: PARENTAL ACKNOWLEDGEMENT

As well as agreeing to the above, I hereby give permission for my son/daughter to participate in any tours or camps arrange as part of this program, and about which details are communicated to squad members and their parents by the Academy.

I also agree to meet all payments of fees on time, or as arranged with the Gippsland Sports Academy Executive Officer.

PERSON RESPONSIBLE FOR PAYMENT OF ACADEMY ACCOUNTS:

Full name _____

Address _____

Non-use of name or photos in the media *(please tick if applicable)*

I do NOT wish my child's

- Name and/or
- Photographs

to be used in the following media:

- Newspaper
- Academy newsletter
- Academy Webpage or internet
- Television
- Academy presentations including Awards night, Induction Days etc.

LOCAL GOVERNMENT area you live in: *(please tick one)*

- Baw Baw Shire
- Latrobe City
- East Gippsland Shire
- Bass Coast Shire
- South Gippsland Shire
- Wellington Shire

Please be aware the Academy receives significant financial and in-kind support from local government authorities.

DIETARY REQUIREMENTS

Please list and detail any dietary requirements:

Signature of parent/guardian _____ **Date** _____

Confidentiality clause:

Please note that this information will only be made available to Gippsland Sports Academy staff including coaches and support staff as appropriate, Board and Advisory Panel members. One copy will be stored in the GSA Office, and a copy will be made available to the Head Coach of your sport program.