

## INSTITUTE OF SPORT (IOS) APPLICATION FORM 2026

### SPORTS PERFORMANCE ATHLETE PROFILE

#### APPLICANT INFORMATION

Name:		Insert or attach recent photo below (if possible)
Date of birth:	Phone:	
Current School:	Class:	

#### 2024/2025 SPORTING ACHIEVEMENTS

Individual achievements:

School teams (can include triathlon, athletics, swimming etc):

Club team (out of school sporting involvement):

Representative honours and/or teams:

#### PARENT CONTACT

Name:	
Address:	Phone:
	Post Code:
Relationship:	



## SPORTS PERFORMANCE ATHLETE PROFILE

(List the names and contact details of at least two individuals (coach/manager/parent) that can verify your sport details listed in previous section)

Name	Position	Phone

## FUTURE SPORTING ASPIRATIONS

[illegible]

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### PARENT CONSENT AND MEDICAL FORM

#### PART A: STUDENT DETAILS

Name: \_\_\_\_\_ Form Class: \_\_\_\_\_

Name of Parent / Caregiver: \_\_\_\_\_

Address of Parent / Caregiver: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Parent / Caregiver Email: \_\_\_\_\_

Emergency Contact Person & Number: \_\_\_\_\_

Name and Phone Number of Family Doctor: \_\_\_\_\_

#### PART B: PERMISSION - Please read the following, complete the information and sign.

I give permission for my child to attend the **IOS Year 8 Testing Day on Tuesday 16 September at Nayland College**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Listed below are any medical conditions for my child (e.g. allergies, disabilities, etc)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- *In the event of an accident or illness I agree to obtain such medical help as may be required.*
- *I understand that all possible care will be taken by the College and supervisors on the trip / activity in accord with normal school-based activities.*
- *I accept that the school will act on my behalf for the duration of the trip / or activity.*
- *I understand that my child must obey all school rules set down by those in charge and that if they should break any of these rules, or their behaviour endangers the safety of other students, then I agree to my child being sent home at my expense.*
- *My child understands that regardless of what might be allowed at home, there is no smoking or drinking or involvement with illegal substances on or during this trip / or activity (in accordance with school rules).*