

SPORTS PERFORMANCE ATHLETE PROFILE

APPLICANT INFORMATION

Name:

Address:

Date of birth:

Phone:

Current School:

Class:

2026 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:



Applications Due:17th September

[illegible]

PARENT CONSENT AND MEDICAL FORM

PART A : STUDENT DETAILS

Student Name _____

Name of Parent / Caregiver _____

Address of Parent / Caregiver _____

Home Phone _____ Mobile Number _____

Work Address of Parent / Caregiver _____

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 **Institute of Sport Year 10 (2027) Testing Day on Wednesday 21st October**

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 s/he should break any of these rules, or her / his 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 accord with school rules).