

Athlete Development Program Student Application Form – Year 7-10

Student Details					
Name		Yea 202	r Level 5		
Details of Past Sport	Experience/ Achievements				
Sport/ School Team	s Years of Participation	Current Club/Associa	ition	Current Coach	
		•			
Please give details of achievements can be	your current / previous exp noted.	erience in sporting	activities, in	cluding any significant	
Parent or Guardian si	gnature of current ADP stude	ents			
Fi	rst time applying student p	olease provide mor	e information	on	

Recommendation from Coach / Teacher

to complete the section below.

Recommendation from Coach / Teacher				
Name of Coach/ Teacher				
Please circle Yes or No with reference to the student applying to be in the Athlete Development Program				
Demonstrates ability to follow the club/school code of conduct Yes □ / No □				
Demonstrates an enthusiasm and commitment to improve Yes				
$ullet$ Displays a desire to further advance their techniques skills and personal fitness. Yes \Box / No \Box				
Please continue on next page				

If you are a first time applicant (i.e. not currently in the program), please ask your coach or teacher

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Recommendation/ reference from Coach / Teacher (Continued)

Any further comments to support the application:

To be offered a position in the Athlete Development Program, the following selection criteria will be considered:

- Students will be required to complete a physical ability test.
- Coach or teacher's reference
- Students' academic data will be reviewed
- Compliance with school expectations regarding effort, behaviour, and attendance
- Willingness and enthusiasm to continue development as an athlete.

Parent or Guardian Signature _	
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