



1. Child's Full Name:

2. Permanent Address:

Post Code:

3. Tel No(s): (day) &
(Parent/carer) (evening)

(mobiles)

Email Address:
(email) (Parent/carer)

4. Date of Birth:

5. Current Primary:

6. Details of Sports representation e.g. school and/or Club:

(50 words maximum)

7. Do you consider that your child has a disability?
YES/NO

8. If the answer to Question 7 is YES please give details of the nature of the disability:

9. Is the child a member of a Sports Club? YES/NO

10. If the answer to Question 9 is YES, please arrange for section 11 to be completed

11. To be completed by the Club Coach

Name of Club:

Type of Club:

Applicant's Membership Details:

From

To

Statement by Coach (to incorporate contribution, achievement and potential)

12 Has your child achieved sporting representative honours, eg district or county? Please give full details

13. A series of physical tests will be used to rank pupils. These tests will be conducted by fully qualified PE Teachers and a First Aider will be present at all times throughout the tests. Please sign below to consent to your son/daughter

Signed :

Parent/
Carer

(Print name)

Date

(NB Children should arrive at the Academy suitably dressed for the tests and wearing trainers. Changing facilities will be available. Parents will not be allowed in the testing area, however, a waiting area with refreshments will be available.)

(Please ensure that all information boxes are completed)