



Application Form

Bayside Sports Academy

Please use Black or Blue Pen Only

Attach
2 Passport
Photos

Applicants Personal Details

SPORT (Please Circle): FOOTBALL TOUCH VOLLEYBALL

Surname: _____ Given Name(s): _____

Current School: _____ Grade: _____

Date of Birth: _____ Gender (Please Circle): Male / Female

Address: _____

_____ Post Code: _____

Phone Number(s) Home: _____ Mobile: _____

Email: _____

Parent or Guardian Names: _____

Applicants Playing History

(School, Club, Representative)

Positions Played: _____
(If Know n)

Preferred Playing Position(s): _____
(If Know n)

Previous Playing Experience: _____
(Include other sports experience)
eg. Teams and Competitions played in. _____

Last Coaches Name and
Phone Number: _____
(for playing reference if necessary)

Other Sporting Achievements: _____
(eg. Representative sport, any sport)

Please Turn Over

Why you want to be a member of the Bayside Sports Academy?

What do you expect to receive as a member of the Bayside Sports Academy if you are selected?

What do you think will be expected of you if you are selected to become a member of the Bayside Sports Academy?

Applicant's Signature

Parent / Guardian Signature(s)

Date: _____