



*FedUni WestVic  
Academy of Sport*

**ATHLETE  
MEMBERSHIP  
FORM**

**2021**

# ATHLETE MEMBERSHIP FORM, CODE OF CONDUCT & DECLARATION

*This form must be completed and returned prior to commencement of the sports program*

I \_\_\_\_\_ apply for inclusion into the Talent Development Program  
in the sport of: \_\_\_\_\_ (please nominate)

STATE SPORTING ASSOCIATION MEMBERSHIP NUMBER (If applicable): \_\_\_\_\_

EXPIRY DATE OF MEMBERSHIP (If applicable): \_\_\_\_\_

If Golf, give AGU Handicap \_\_\_\_\_ and GOLF LINK No. \_\_\_\_\_

## PART ONE: PERSONAL CONTACT DETAILS & SPORTING DETAILS

**CURRENT COACH / Club / Association (If applicable)** \_\_\_\_\_

Athlete Surname \_\_\_\_\_ Athlete Given Names \_\_\_\_\_

Athlete Male or Female \_\_\_\_\_ Athlete DOB \_\_\_\_\_

Home Address \_\_\_\_\_

Suburb or Town \_\_\_\_\_ Post Code \_\_\_\_\_

Athlete Mobile \_\_\_\_\_

Athlete Email Address \_\_\_\_\_

Athlete School Name \_\_\_\_\_ Year Level \_\_\_\_\_

Parent Name – Mother \_\_\_\_\_ Father \_\_\_\_\_

Parent Mobile – Mother \_\_\_\_\_ Father \_\_\_\_\_

Parent Email – Mother \_\_\_\_\_ Father \_\_\_\_\_

**SPORT DETAILS/ACHIEVEMENTS**     *Provide details of your achievements at these level/s:*

<b>Level</b>	<b>Detail – Achievements</b>
<b>Regional Representation</b>	
<b>State Representation</b>	
<b>National Representation</b>	

Please give details of **OTHER SPORTS** you participate in:

<b>Type of Sport</b>	<b>Achievements/Competition Details</b>

What are your main objectives/aims in your chosen sport in the next two years?

Briefly, state why you want to be a member of the WestVic Academy of Sport Talent Development Program?

Please list your strengths as an athlete:

Please detail specific areas of your athletic development you would like to work on in the next 12 months:

## **PART TWO: ATHLETE CODE OF BEHAVIOUR, CONDITIONS AND DECLARATION**

**By accepting a position in the WestVic Academy of Sport Talent Development Program, you agree to comply with all conditions set out below and you must understand that failure to do so may result in exclusion from the Academy.**

- ✓ Work towards the attainment of your full potential in sport and studies or employment.
- ✓ Make every reasonable effort to attend all compulsory training and all education sessions as specified by staff.
- ✓ Notify coaching staff in advance of your inability to attend any Academy session and disclose your reasons for non-attendance.
- ✓ Occupy your time gainfully outside sport and in a manner expected by the Academy.
- ✓ Comply with the training requirements as laid down by the coaches and accept and respond in a positive manner to their requests and constructive feedback.
- ✓ Maintain personal habits of health conducive to sporting excellence and good health.
- ✓ Accept victory or defeat with dignity and grace.
- ✓ At all times behave in an appropriate manner – never argue with an official, control your temper and participate for enjoyment, whilst at the same time striving to achieve excellence.
- ✓ Co-operate with the management of the Academy in their endeavours to deliver a quality sports program.
- ✓ Agree to not use any form of performance enhancing drugs that are banned by the Australian Sports Anti-Doping Agency and complete ASADA Level 1 Anti-Doping course and /or Level 2 Anti-Doping test and all learning updates.
- ✓ Agree to participate in random drug testing conducted by the recognised authorities.
- ✓ Agree to attend Academy promotional functions or media opportunities, as requested.
- ✓ Agree to conduct one community engagement appearance on behalf of the Academy, per year.
- ✓ Wear your Academy uniform with pride, remembering you are a visible identity of the Academy.

### **STUDY OR WORK:**

Under the terms of the offer for admission to the WestVic Academy of Sport, you must be either:

- ✓ Attending primary or secondary school

\_\_\_\_\_ *(Please list the current school you attend)*

- ✓ Be gainfully employed; or
  
- ✓ Actively seeking employment.

I wish to participate in the WestVic Academy of Sport Talent Development Program, and I declare that all the information submitted on the attached forms are correct and complete.

I understand that the Academy reserves the right to vary or reverse any decision regarding my

participation, made on the basis of incorrect information or my failure to comply with all details stated in the **Athlete Membership Form**.

**“Having read and understood the above Athlete Code of Behaviour and Conditions,  
I accept these as stated.”**

**Signature of athlete**\_\_\_\_\_ **Date**\_\_\_\_\_

### **PART THREE: PARENTAL ACKNOWLEDGEMENT**

As well as agreeing to the above, I hereby give permission for my son/daughter to participate in any tours or camps arranged as part of this program, and about which details are communicated to squad members and their parents by the Academy.

I also agree to meet all payments of fees on time, or as arranged with the WestVic Academy of Sport Executive Officer.

#### **PERSON RESPONSIBLE FOR PAYMENT OF ACADEMY ACCOUNTS:**

Full name \_\_\_\_\_

Address \_\_\_\_\_

#### **Non-use of name or photos in the media (please tick if applicable)**

I do NOT wish for my child's:

Name and/or

Photographs

to be used in the following media:

Newspaper

Academy e-newsletter

Academy Website or Facebook Page

Television

Academy presentations and/or events

#### **LOCAL GOVERNMENT area you live in: (please select one)**

Ballarat City Council

Moorabool Shire Council

Central Goldfields Shire Council

Golden Plains Shire Council

Hepburn Shire Council

Ararat Rural City Council

Hindmarsh Rural City Council

Horsham Rural City Council

Northern Grampians Shire Council

Pyrenees Shire Council

West Wimmera Shire Council

Yarriambiack Shire Council

**DIETARY REQUIREMENTS**

Please list and detail any dietary requirements:

Dietary Requirements Continued

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**Confidentiality clause:**

*Please note that this information will only be made available to WestVic Academy of Sport staff including coaches and support staff as appropriate, Board and Advisory Panel members. One copy will be stored in the WVAS Office, and a copy will be made available to the Head Coach of your sport program.*



# Uniform Order Form

Note: Please choose carefully, as orders cannot be changed once delivered.

**Size: For an outer garment e.g. a Hoodie OR Tracksuit Top** (all items are in Men's sizes only – Please select required size)

XXS (e.g. Women's 8)

XS (e.g. Women's 10)

S (e.g. Women's 12)

M (e.g. Women's 14)

L (e.g. Women's 16)

XL (e.g. Women's 18)

XXL (e.g. Women's 20)



## EXERCISE REHABILITATION CENTRE

### **MEDICAL & INDEMNITY FORM**

This form must be fully completed prior to participation in any Federation University program.  
If the participant is under 18 years of age the parent or guardian must complete the form on their behalf.

**PROGRAM/AREA NAME:** Exercise Rehabilitation Centre

**YEAR:** 2019

#### **PARTICIPANT'S DETAILS:**

Participant's Full name:..... Sex: ..... Date of Birth: .....

Home Address: ..... Post Code: .....

Home Phone No: .....

#### **PARENT/GUARDIAN DETAILS (if participant is under 18 yrs of age):**

Parent/Guardian Name (1): .....

Contact Nos: (H) ..... (W) ..... (M) .....

Parent/Guardian Name (2): .....

Contact Nos: (H) ..... (W) ..... (M) .....

#### EMERGENCY CONTACT DETAILS

Name (1): ..... Phone No: .....

Name (2): ..... Phone No: .....

#### PARTICIPANT'S MEDICAL INFORMATION

Doctor's Name: .....

Address/Clinic:.....

Medicare No: .....





## EXERCISE REHABILITATION CENTRE

### **MEDICAL & INDEMNITY FORM PLEASE READ CAREFULLY AND SIGN**

I, the undersigned, am willing for my child to participate in the FedUni WestVic Academy of Sport pre-season physical/medical screening at the Exercise Rehabilitation Centre (Federation University).

I understand that in the pre-season screening programs where the assessment may have findings that require further medical follow-up that it is my responsibility to pursue the appropriate medical assistance. I understand that my child may be required to remove some outer clothing to allow assessment of posture and freedom of movement of other areas of the body and I will ensure that they are appropriately dressed in shorts, singlet top etc. to ensure modesty while completing activities during the screening process.

I also accept that my child will conform to the standards of behaviour as directed by staff and if my child does not adhere to these conditions further participation may be denied.

In case of Emergency, I also authorise the staff of the Exercise Rehabilitation Centre (Federation University) to take any action that they may consider necessary for the safety of myself/ my child, including medical treatment and/or hospitalisation should that prove necessary.

I acknowledge that Federation University, its officers and staff shall not be held liable for any injury loss or damage to my child in respect of my child's participation in the program, excepting only any injury loss or damage directly attributable to the negligence of the Federation University, its officers and staff. I agree to indemnify Federation University, its officers and staff from any claims and proceedings whatsoever brought on behalf of my child in respect to any loss or damage arising out of or attributable to the said program.

NAME OF PARTICIPANT (OR PARENT/GUARDIAN IF PARTICIPANT IS UNDER 18 YEARS)

.....

**SIGNATURE OF PARTICIPANT (OR PARENT/GUARDIAN IF PARTICIPANT IS UNDER 18 YEARS):**

SIGNED:.....DATE: .....

**This form must be fully completed and returned PRIOR to the start of the program.**

FedUni WestVic Academy of Sport acknowledges the outstanding support from our Premier Partners:

**MAJOR FUNDING AGENCIES**



**NAMING RIGHTS SPONSOR**



**MAJOR PARTNER**



**PLATINUM SUPPORTER**



*Ballarat Sportsmen's Club*

## GOLD SUPPORTER



## SILVER SUPPORTER



## BRONZE SUPPORTER

