

# ATHLETIC DEVELOPMENT PROGRAM

## Application Process Information

### Application Process:

1. Attend the **ADP Information evening on Tuesday 24<sup>th</sup> July 2018**. Obtain information about the aims of the program and pathways opportunities depending on your year level and sport.
2. Complete all information on pages 3-11 in full by **Friday 3<sup>rd</sup> August 2018** and return to the General Office on Nepean Street C/O: "ADP 2019 Applications" or by mail to Greensborough College, Nell St Greensborough 3088.
3. Ask a coach who has worked closely with your child to complete the Coaches Reference section.
4. Ask a teacher who has worked closely with your child to complete the Teacher Reference section.
5. Attach photocopies of all pages of school reports from both semesters in 2017 and semester 1 in 2018.
6. Remove pages 1-2 and retain them for your reference before submitting application.
7. Submit the ADP application by the due date by Friday 3<sup>rd</sup> August, 2018.
8. Be prepared to participate in selection trials if needed. These may involve a combination of fitness testing as well as sports specific skills testing.
9. Successful applicants will be notified by 28<sup>th</sup> August 2018 to help with subject selection process & planning for 2019.
10. Acceptance into our ADP is subject to progressive and annual reviews (see student agreement for more detail). Your acceptance in the ADP one year does not lead to being automatically accepted into the ADP the following year. Both academic achievement & sporting progress is reviewed with particular attention given to student's conduct, attitude, effort & participation.

### ADP - VISON

*The ADP will provide student athletes the opportunity to upgrade their athletic performance whilst at school. Their involvement will not only help them to achieve their personal best in their sporting pursuits, but also in all facets of their schooling and in life beyond their time at Greensborough College.*



## ADP - FEATURES

- ✓ Access and use of our **HIGH PERFORMANCE CENTRE** and surrounding sporting facilities.
- ✓ A sports specific battery of **performance tests** to capture a snapshot of individual's strengths and weaknesses.
- ✓ A full comprehensive **musculoskeletal screening** that highlights any biomechanical shortcomings including a detailed injury history.
- ✓ **Ongoing fitness assessments** and **goal setting** plans.
- ✓ **Individualised**, safe and sports specific **strength & conditioning program** that incorporates training protocols to prevent injuries, provide rehabilitation and enhance their athletic potential and sports performance.
- ✓ **Qualified and expert supervision/coaching** when undertaking their bi-weekly individualised programs.
- ✓ Both 100min and 50min group strength and conditioning and recovery **sessions available at school** and will include routines that mimic the specific work:rest ratios of their sport.
- ✓ Sports science/medicine **support**, including workshops/seminars, physiotherapy assessment, player welfare and nutrition support.
- ✓ Training **uniforms**.

## ADP - SPORTING SQUAD EXTRAS

Qualifying students can also choose to undergo elite technical sports coaching e.g. AFL Squad, Basketball Squad and Tennis Squad etc. Sports squad members will incur an additional cost but will receive many additional benefits including:

- ✓ Individualised **skills sessions** (during allocated class times).
- ✓ Contact with elite sports people including **experienced quality coaches**, role models and mentors, elite pathway generators etc
- ✓ Opportunities for **interstate, international travel & competitions**.
- ✓ Close affiliation with **representative Sporting Clubs** and use of their facilities.
- ✓ **Player welfare** and **sports psychology workshops**, including individual goal setting & pathway counselling.
- ✓ Competitive **practise matches** in addition to the school division rounds.
- ✓ **Squad training sessions** focussing on skills, game play practise, video reflection and tactics. (Note: Squad sessions are suitable for a range of abilities from the highly skilled athlete who have sights on state/national level, as well as the more newly aspiring talented player.)

## ADP – ANNUAL FEES

- For successful applicants a deposit of \$150 is payable by 10<sup>th</sup> October 2018.
- The balance is payable by the second week of the 2019 school year. Payment plans are available and relevant paperwork will be included in the Greensborough College Student Enrolment Pack.
- Full Scholarships available = All expenses covered, except training uniform.
- Training uniform is an additional cost.

***Student Athletic Details and Declaration Confidentiality Clause: Please note that this information will only be shared with GC staff as well as State and Partnership Organisations as required. One copy will be stored in the Student's File, and a copy will be available to the Program Coordinator and Coach.***



# ATHLETIC DEVELOPMENT PROGRAM 2019

## APPLICATION FORM

I am applying for entry into the following **GC Athletic Development Program for 2019:**

- Athletic Development Program (\$450)
- ADP AFL Squad (ADP + \$300)
- ADP Basketball Squad (ADP + \$300)
- ADP Tennis Squad (ADP + \$900)
- ADP (*insert sports*) 1<sup>st</sup> Pref. \_\_\_\_\_ 2<sup>nd</sup> Pref. \_\_\_\_\_ squad (ADP + \$300)

We may offer additional sporting squads in 2019, so express your interest above by inserting the sport of your choice if you would like additional sports specific coaching.

### **Student's Details** (please use capital letters)

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: / / Gender: *Male / Female / Other (please circle)*

Current School: \_\_\_\_\_ Current Year Level: \_\_\_\_\_

Student's Mobile: \_\_\_\_\_

Student's Email: \_\_\_\_\_

### **Parent /Guardian Details**

Parent / Guardian Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Parent / Guardian Email: \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home Number: \_\_\_\_\_ Mobile: \_\_\_\_\_



### **Student's Sporting Profile**

**Sport:** \_\_\_\_\_

**Note:** If you currently play more than one sport at an elite level, please photocopy and complete this page again.

**Student's Full Name:** \_\_\_\_\_

**Current Sport Team:** \_\_\_\_\_

**League / Competition:** \_\_\_\_\_

**Playing Position:** \_\_\_\_\_

**Name of Current Coach:** \_\_\_\_\_

**Contact Details of Coach:** \_\_\_\_\_

### **Representation and Achievements (indicate present or latest team selection if applicable)**

**School:**

\_\_\_\_\_

**Association:**

\_\_\_\_\_

**State:**

\_\_\_\_\_

**Please list other interests and involvements (e.g. Community groups, volunteering etc):**

\_\_\_\_\_

\_\_\_\_\_

**Indicate your main objectives/aims/goals in your chosen sport over the following periods:**

**Immediate (this Year):**

\_\_\_\_\_

\_\_\_\_\_

**Medium Term (2 Years):**

\_\_\_\_\_

\_\_\_\_\_

**Long-Term (5-10 Years):**

\_\_\_\_\_

\_\_\_\_\_



**What are your academic goals?**

---

---

---

---

**What are your career goals?**

---

---

---

---

**Please list your strengths as an athlete.**

---

---

---

---

**Injuries: Give details of any serious injuries and/or surgery or treatments (year, duration of injury etc)**

---

---

---

---

**Please specify areas of your sporting progress you would like to work on in the next twelve months.**

---

---

---

---

**Briefly indicate why you want to enroll in the GC ADP.**

---

---

---

---



## STUDENT ATHLETE AVAILABILITY

**Current weekly training commitments with clubs and coaches:**

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Before School							
After School							



## COACH REFERENCE

Dear Coach,

The student listed above has applied for entry into the Greensborough College Athletic Development Program.

The ADP maintains a holistic approach to the development of our student athletes. This involves an academic and community emphasis as well as sporting development.

For this reason we request (with parental/guardian consent) that the following details be completed and returned with the student's application.

Name of Coach: \_\_\_\_\_ Position held: \_\_\_\_\_

Contact No: \_\_\_\_\_

Athlete's name: \_\_\_\_\_

Athlete's present club & training volume: \_\_\_\_\_

Athlete's position in your team (if applicable): \_\_\_\_\_

Strengths:

---

---

Weaknesses:

---

---

Training Commitment:

---

---

Coach ability/ attitude/sportsmanship:

---

---

## TEACHER REFERENCE and SCHOOL REPORT

Dear School Teacher,

The student listed below has applied for entry into the GC Athletic Development Program.

The ADP maintains a holistic approach to the development of our student athletes. This involves an academic and community emphasis as well as sporting development.

For this reason we request (with parental/guardian consent) that the following details be completed and returned with the student's application.

**Student's Name:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Year Level:** \_\_\_\_\_

**Academic Ability:** Below Average / Average / Above Average / Well Above Average

**Comments** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Attitude regarding school work and in general

\_\_\_\_\_  
\_\_\_\_\_

Relationship with staff and peers

\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Date:** \_\_\_/\_\_\_/\_\_\_

**Please include a copy of your Semester 1 & 2 2017 and Semester 1 2018 School Report at the end of this application.** Attached  YES  NO



## STUDENT ATHLETE AGREEMENT

**By accepting a position in the GC Athletic 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 GC Athletic Development Programs.**

- Maintain consistently high standards in learning behaviours as evidenced in Interim Reports;
- Maintain at or above level in achievement as evidenced in Semester Reports;
- Co-operate with the College's endeavours to deliver a high quality sports program;
- Demonstrate sporting commitment and/or achievement in the selected sport as well as a positive attitude towards your academic studies to reach your full potential;
- Work with your coaches and support staff to improve your individual and team performance, by attending scheduled training and team meetings;
- Notify coaching staff in advance of your inability to attend any session and disclose your reasons for non-attendance;
- Comply with the training requirements as determined 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;
- Abide by the 'player code of conduct' which is expected by all students participating and representing the school in Inter-School Sport;
- Accept victory or defeat with dignity and grace;
- Wear the appropriate school uniform in a dignified manner when representing the College;
- Wear your ADP uniform with pride, remembering you are a visible identity of the ADP and our College;
- Agree to attend ADP promotional events when/if requested wherever possible.

**Having read and understood the above program conditions, I accept these conditions as stated.**

I wish to participate in the Greensborough College Athletic Development Program and I declare that all the information submitted on the attached forms are correct and complete.

I understand that the ADP 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 GC Athletic Development Program Conditions.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_ / \_\_\_ / \_\_\_

## PARENT DECLARATION AND MEDIA CONSENT

**Student's Name:** \_\_\_\_\_

**Parent / Guardian Name:** \_\_\_\_\_

### Parent / Guardian Agreement

I hereby give permission for my son/daughter to participate in the Athletic Development Program, including incursions and excursions as arranged. I understand that further information and permission forms for all external excursions will be provided to me for my consent. I agree to meet all payments of fees on time, or as arranged with the Business Manager.

### Multi Media Image and Video Permission

I \_\_\_\_\_ the parent / legal guardian of \_\_\_\_\_ agree to and provide permission for photographic, video, audio or any other form of electronic recording of the named student to be used by Greensborough College, School Sport Victoria or other partnership organizations for the purposes of marketing and student / team training.

I acknowledge and agree that ownership of any photographic, video, audio and any other form of electronic recording will be retained by Greensborough College.

I authorise the use or reproduction of any recording referred to above for any reasonable purpose within the discretion of Greensborough College without acknowledgement and without being entitled to remuneration or compensation.

I understand and agree that if I wish to withdraw this authorisation, it will be my responsibility to inform the school via the Principal.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_ / \_\_\_ / \_\_\_



## MEDICAL AUTHORITY

This form must be completed by the parent/guardian of the student, and returned with the application.

**CONFIDENTIALITY:** *Please note that this information will only be made available to GC staff including coaches and support staff, as well as State and partnership organisations as appropriate and relevant medical authorities.*

**This authority is completed with relation to:**

\_\_\_\_\_

(Print student's name)

of

\_\_\_\_\_

(Print student's address)

List of known illnesses: (e.g. asthma, epilepsy, back injury, etc)

\_\_\_\_\_

Give details of any operations or surgical procedures undergone within the past five years:

\_\_\_\_\_

List any medication or drugs currently being taken:

\_\_\_\_\_

Please provide any details of allergies that you child has, please be specific:

\_\_\_\_\_

Does the student have ambulance cover?       No    Yes – member number \_\_\_\_\_

**Parent / Guardian signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Medicare Number:** \_\_\_\_\_

**Family Doctor:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_ **Medical**

**Clinic:** \_\_\_\_\_

If you have any questions regarding the application please contact Ms Marnie Hay at the General Office on 9433 2666 or alternatively email: [hay.marnie.l@edumail.vic.gov.au](mailto:hay.marnie.l@edumail.vic.gov.au)

Applications should be submitted to the General Office in person or via mail C/O "ADP 2019 Application" Greensborough College, Nell St Greensborough, 3088.