| NAME: | |
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| | PLEASE |
| | ATTACH |
| | РНОТО |
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Palmerston North Boys' High School Established 1902

Sports Development Programme

Application Form

Palmerston North Boys' High School

Established 1902



Sports Development Programme Application Form for entry in 2018

TO HELP OUR STAFF IDENTIFY STUDENTS DURING THE TRIAL, PLEASE ATTACH A PASSPORT SIZE PHOTO IN THE SPACE PROVIDED ON THE FRONT COVER.

Please complete the application with a BLACK or BLUE pen, using block capitals or clear print.

If you wish to attend the trials you must complete and return this form with your enrolment forms by Monday, 4 September 2017, to the Main Office at Palmerston North Boys' High School.

The trials for the Sports Development Programme will be on the following days:

Rugby/Football - Thursday 16 November (9.00am to 2.30pm)

DEDCONAL DETAILS

• Basketball/Cricket/Hockey Friday 17 November (9.00am to 2.30pm)

You <u>must</u> attend the trials in order to be selected into the programme (see the Information Booklet for more details).

| PERSONAL DETAILS | | | | |
|---|--|--------------------------------------|--|--|
| Surname: | | First Name (s): | | |
| | | | | |
| Home Address: | | Date of Birth: | | |
| | | Age at 1 st January 2018: | | |
| Home Phone Number: | | Mobile Number: | | |
| Thems I helis I valided. | | Modilo (Maribot). | | |
| Email: | | Emergency Contact Number | | |
| | | (Parent/carer): | | |
| | | | | |
| EDUCATION | | | | |
| Current School: | | | | |
| School Address: | | | | |
| | | | | |
| | | | | |
| | | | | |
| MEDICAL INFORMATION | | | | |
| List all known medical | | | | |
| conditions (List any medication requirements if | | | | |
| required) | | | | |
| Have you had any major injury | If YES, please state the injury/illness: | | | |
| or illness that may limit full participation in any activities? | | | | |
| participation in any donvitios: | | | | |

| Which sport programme are you wanting to trial for: (circle) If you are wanting to trial for more than one sport you must put your selections in order 1 st being your preferred, etc. | RUGBY | CRICKET | HOCKEY | FOOT | BALL | BASKE | ETBALL |
|---|-------------------------|---------|-----------|-----------|------|-------|--------|
| Playing experience (number of years) in your selected sport/s: | | | | | | | |
| Preferred playing position (eg: football - goalkeeper, defender, midfielder or striker): | | | | | | | |
| List the team/s you have been involved in over the past 3 years in your selected sport/s | 2015: 2016: 2017: | | | | | | |
| | | | | | | | |
| SPORTING REFEREES | | | | | | | |
| Name two referees (coaches) of past or present teams. Information to include: Name Contact Details | Referee 1: | | | Referee 2 | : | | |
| PERSONAL EVALUATION OF EDUCATIONAL RECORD (to be completed by applicant in block capitals and in black or blue ink). This information will remain confidential. | | | | | | | |
| | C = Average | | w Average | E = Poo | | | |
| Please tick and comment below | where app | licable | Α | В | С | D | Ε |
| Attendance | | | | | | | |
| Punctuality | | | | | | | |
| Conduct | | | | | | | |
| Keenness and industry | | | | | | | |
| Courtesy and consideration | | | | | | | |
| Co-operation and dependability | | | | | | | |
| Self motivation | | | | | | | |

SPORT INFORMATION

Ability to communicate

| Please tell us why you want to be part of our Sports Development Pro | ogramme | |
|--|---------------|--|
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| PARENT/CAREGIVER'S PERMISSION | | |
| LGIVE PERMISSION FOR | TO ATTEND THE | |
| I GIVE PERMISSION FOR TO ATTEND THE TRIALS ON THURSDAY 16 TH or FRIDAY 17 TH NOVEMBER 2017 AT PNBHS. | | |
| Name of Parent/Caregiver: | | |
| (please print) | T | |
| Parent/Caregiver's Signature: | Date: | |

If you require further information you can contact David Barwick:

1. Email: <u>barwickd@pnbhs.school.nz</u> or

2. Phone: (06) 354 5176 ext 759

3. Post: David Barwick

Student's Signature:

PO Box 4049 Palmerston North

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