**SPORTS ACADEMY APPLICATION FORM**

**To be completed by the applicant AND signed by a parent/guardian.**

**This application, on completion, is to be returned to:**

[**sportsacademy@edinburgh.gov.uk**](mailto:sportsacademy@edinburgh.gov.uk)

|  |
| --- |
| Surname: |
| First Name(s): |
| Date of Birth: |
| Primary / Secondary School (as of August this year): |
| Year Group (as of August this year): |
| Name of Parent / Guardian: |
| E-mail address (For all correspondence): |
| Telephone (Day): |
| Mobile: |
| Medical: |
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| School and/or Club Team (if appropriate): |
| Name of School and/or Club Coach: |
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| Please outline your experience in the selected sport (should you wish to attach further information please do so): |
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| Signed (Parent/Guardian): |
|  |

**SPORT(S) APPLYING FOR: (please select/highlight) BADMINTON | CRICKET | GIRLS FOOTBALL | HOCKEY | GIRLS NETBALL | RUGBY | VOLLEYBALL**