**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**

|  |
| --- |
| 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:  |
|   |
| 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**