

OBU Academy – Application Form

All players interested in becoming an OBU Rugby Academy member must apply by filling out this form in full. Please take the time to provide accurate and thorough information which will allow the academy coordinators and staff to provide you with the academy experience you are hoping for.

Once completed, please supply to zak@oburugby.com

Players Personal Details

Full Name:

DOB: / /
(Date/Month/Year)

Email Address:

Contact Number:

Victoria Student ID Number:

Faculty:

Programme/level of Study:

Emergency Contact

Emergency contact name/s:

Emergency contact phone number/s:

Rugby Background

Current team/s (OBU and representative):

Preferred position/s:

Playing goals – Where do you want to be in 2017- 2019?

What are your rugby development goals? What aspects of your game do you want to improve in?

Academy Goals

In relation to the physical conditioning component of the academy, what do you want to achieve from your sessions? (i.e. strength, conditioning, mobility, recovery etc)

Are you currently undertaking a fitness training programme? If so, please provide a basic overview;

In the Academy programme, personal development modules will include professional standards, balancing life - study and rugby, understanding self and others, leadership, your body (nutrition and hydration), mental skills.

Please comment on any specific areas or topics where you'd like to understand more/develop further;

With the technical rugby sessions, can you identify any areas/topics that you would like to learn more about or develop further in?

Availability

Please indicate your ability to commit to and attend the following academy sessions from March – June;

Session Day/time

Player comment

Physical sessions - Monday & Wednesday, 6.30am-8.30am

Technical sessions - Tuesday, 6:30 – 9am

Personal Development – Tuesday & Friday, 6.30am-8.30am or evenings 5:30 – 8pm

Additional Player Comments:

Pre-screening form – Physical Conditioning

Please fill out the following questions, answering them to the best of your knowledge. Your answers will help us keep you safe and healthy, while also determining the best approach to achieving your goals.

Health History - To the best of your knowledge do you have any of the following Medical Conditions?

Condition (Please Tick)	Yes	No	Notes
High Blood Pressure			
High Cholesterol			
Diabetes			
Pain in Chest			
Hernia			
Heart problems			
Stroke			
Epilepsy			
Back Pain			
Asthma			
Do you ever feel dizzy?			
Do you smoke?			

· Are you taking any prescribed medication? **YES / NO**. If **YES**, what are they?

· Has anyone in your family suffered from Heart Disease, Stroke, Raised Cholesterol or Raised Blood Pressure ? **YES / NO**. If **YES**, who and what?

· Do you currently have any injuries/past injuries that may prevent you from performing in any exercise? **YES / NO**. If **YES**, what are they?

· **Females Only**– Are you pregnant or have you given birth in the last 2 months? **YES / NO**

Applicant Declaration/Commitment

By completing my application and signing below, I adhere to the following;

- I declare the information in this application or any attachments are true and correct
- Commitment – I am committed to the programme in full and will actively participate in all sessions, meetings and correspondence relating to the academy.
- Attitude – In becoming an OBU Academy member, I understand the opportunity I have been presented and I will demonstrate expected behaviours as made clear to me by Academy staff, while also adhering to the Victoria University [Student Conduct Statute](#).
- I give approval for my details to be used for Academy promotion purposes by Victoria Recreation, OBU and/or Victoria University of Wellington.
- I understand that failing to adhere to any of the expectations above may result in my exclusion from the academy

Name of player applying:

Signed:

Date:

Parental Consent (for any player under 18 years of age)

By signing below, I as the caregiver of (players name), give approval for (players name) to participate in the OBU Academy. But in doing so, I understand that there may be content or sessions that are not entirely suitable for (players name).

Name of player applying:

Name of caregiver:

Contact details of caregiver:

Signed:

Date: