**OBU RUGBY ACADEMY APPLICATION**

 ***Please complete the application and send this to*** ***tomasi@oburugby.com***

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| **ATHLETES DETAILS** |
| First NameSurname |  |
| Date of Birth  | xx/xx/xxxx  |
| Gender (Circle) | Male / Female |
| Contact Phone Number  |  |
| Email Address |  |
| Address (in Wellington) |  |
| Height & Weight | Height cm Weight kg |
| New to Vic Uni / Wtgn | Yes / No |
| Victoria Student ID # FacultyLevel of Study |   |
| Emergency Contact (Please provide details) | NameRelationship to youContact NumberEmail AddressAddress |

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| **BACKGROUND INFORMATION** |
| Playing Position(s) |  |
| Current Team / Grade |  |
| Rugby Achievements (ie XV, Club, Reps) |  |
| How would someone who knows you well describe you? |  |
| Briefly describe a particular challenge you’ve had to work through and what you’re your biggest learning was from that? |  |
| Please provide a suitable Character Referee’s name and contact details - if possible someone who’s not an immediate family member or currently living with you. | *Note - we won’t contact them without your prior permission.* |

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| **RUGBY /PERSONAL GOALS** |
| Playing Position(s) |  |
| Current Team |  |
| Rugby Achievements (ie XV, Club, Reps) |  |
| Rugby Teams you aspire to play for | This yearLonger term |
| Rugby/Personal Work Ons |  |
| Rugby/Personal Strengths |  |
| Rugby Development Goals (Specific training) |  |
| Is there anything that would prevent you from attending/participating in the programme **Yes/No** (If Yes please provide details) |

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| **ACADEMY TRAINING SESSIONS** |
| Please tick the boxes of the modules that interest you most  | * Strength & Conditioning
* Hypertrophy & Recovery
* Leadership
* Mental Skills
* Nutrition and Hydration
* Balancing Life
* Onfield positional play
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| **MEDICAL INFORMATION** |
| Please tick the boxes if any of the following apply | * I wear contact lenses/glasses
* I wear a hearing aid
* I am a smoker
* I am currently taking medication\*
* I am carrying an injury or have an illness\*
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| \*If ticked please provide further information: |
| Please tick the boxes below if you have any had of the following health conditions or sporting injuries. |

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| **CONDITION** | **YES** | **CONDITION** | **YES** | **SPORTING INJURY** | **YES** |
| Asthma |  | Headaches/Dizziness |  | Broken Arms, Hands |  |
| Anxiety/Depression |  | Hernia |  | Broken Legs/Ankles |  |
| Back/Chest Pains |  | High Blood Pressure |  | Shoulder Injuries |  |
| Diabetes |  | High Cholesterol |  | Ligament Damage |  |
| Epilepsy |  | Stroke |  |  Nerve Damage |  |
| If ‘Yes’ please provide further details: |

## **Athletes Declaration**

I declare that the information provided in this application are true and correct.

I agree to all of the following (please tick)

* I will attend and participate in all training sessions and meetings
* I will let the Academy Management know of any changes to the information provided in this application
* The Academy is able to use photos for promotion purposes only
* I will follow the Academy and Victoria University Code of Conduct rules

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| **NAME OF ATHLETE** |

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| **SIGNATURE**  | **DATE** |