**OBU RUGBY ACADEMY APPLICATION**

***Please complete the application and send this to*** [***tomasi@oburugby.com***](mailto:tomasi@oburugby.com)

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| **ATHLETES DETAILS** | |
| First Name  Surname |  |
| 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 #  Faculty  Level of Study |  |
| Emergency Contact  (Please provide details) | Name  Relationship to you  Contact Number  Email Address  Address |

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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 year  Longer 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\* |
| \*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** |