



Living Waters Lutheran College

Specialist Basketball Program

Year 7, Year 8, Year 9 and Year 10 in 2021



ATHLETE'S INFORMATION

Surname		Given Name	
Age/Date of Birth	/ /	Academic Year	
Is the applicant (Please ✓ applicable)	<input type="checkbox"/> Enrolled at Living Waters Lutheran College <input type="checkbox"/> Enrolled for future years at Living Waters Lutheran College <input type="checkbox"/> On the waiting list for Living Waters Lutheran College		
Present School (If Not Living Waters)	<i>Enrolment information and forms are available at the College website www.livingwaters.wa.edu.au Please contact the Basketball Coordinator for further information on scholarships available basketball@livingwaters.wa.edu.au </i>		

PARENT/GUARDIAN DETAILS

Parent Surname		Given Name	
Phone		Mobile	
Email			
Address			

ATHLETE'S EXPERIENCE (to be completed by the athlete with parent/guardian assistance) Please ✓ applicable

Have you played in interschool? Basketball? (CPSSA / RKAS / Lightning Carnival etc.)	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, in what year(s) did you play this (e.g. Year 5, Year 6, Year 7 and/or Year 8)?
Have you played at domestic club level? (e.g. Rockingham domestic league)	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, in what year(s) did you play this and for which Club (e.g. Year 6 for LWLC)
Have you played at WABL level? (Sunday WABL during Terms 2/3)	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, in what year(s) did you play this and for which Club (e.g. Year 6 for LWLC)

PLEASE TURN OVER

ATHLETE'S GOALS (to be completed by the athlete with parent/guardian assistance) Please ✓ applicable <input type="checkbox"/>	
Why do you play/want to play basketball? (For fun, make/spend time with friends, to play a competitive sport and improve as an athlete)	
Why have you applied for the Living Waters Lutheran College Specialist Basketball Program?	

Where did you hear about the Specialist Basketball Development Program?	<input type="checkbox"/> College email	<input type="checkbox"/> Social Media _____
	<input type="checkbox"/> College website	<input type="checkbox"/> Word of Mouth _____
	<input type="checkbox"/> Other _____	

PARENTAL/GUARDIAN AGREEMENT	
I, _____ (insert parent/guardian name)	
understand that should my son or daughter be successful in being accepted into the Specialist Basketball Program in 2021 the following conditions apply to them:	
<ul style="list-style-type: none">• The Specialist Basketball Program are the athlete's Physical Education lessons• Athletes attend additional training sessions outside of school contact hours• Athletes make a positive contribution to the interschool Basketball competitions• Athletes consistently abide by the expectations laid out in the conditions of enrolment and Specialist Basketball Program	
Signature of Parent: _____	Date: _____

Completed applications may be: <ul style="list-style-type: none">• Emailed to: basketball@livingwaters.wa.edu.au• Dropped off by hand to the College Admin office (in an envelope labelled SPECIALIST BASKETBALL PROGRAM APPLICATION), <p style="text-align: center;">Living Waters Lutheran College 176 Currie Street Warnbro WA 6169</p>
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Office Use Only Trial date: _____ Time: _____ Scholarship/Bursary: _____
