Living Waters Lutheran College
Specialist Basketball Program
Years 7 to 10 in 2022

ATHLETE'S INFORMATION				
Surname			Given Name	
Age/Date of Birth		/ /	Academic Year	
Is the applicant (Please ✓ applicable)	◯ Enrolled at Living Waters Lutheran College ◯ Enrolled for future years at Living Waters Lutheran College ◯ On the waiting list for Living Waters Lutheran College			
Present School (If Not Living Waters)	*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*			

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.)	◯ No ◯ 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)	◯ No ◯ 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)	◯ No ◯ 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 ◯	
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?	◯ College email ◯ College website ◯ Other_____	◯ Social Media _____ ◯ Word of Mouth_____

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 2022 the following conditions apply to them:

- 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:

- *Emailed to: basketball@livingwaters.wa.edu.au*
- *Dropped off by hand to the College Admin office (in an envelope labelled SPECIALIST BASKETBALL PROGRAM APPLICATION),*

Living Waters Lutheran College
176 Currie Street
Warnbro WA 6169

Office Use Only

Trial date: _____ Time: _____

Scholarship/Bursary: _____