



Living Waters Lutheran College

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) | <input type="radio"/> Enrolled at Living Waters Lutheran College <input type="radio"/> Enrolled for future years at Living Waters Lutheran College <input type="radio"/> 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="radio"/> No <input type="radio"/> 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="radio"/> No <input type="radio"/> 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="radio"/> No <input type="radio"/> 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 Basketball Program?

Where did you hear about the Basketball Program?

- College email Social Media _____
 College website Word of Mouth _____
 Other _____

PARENTAL/GUARDIAN AGREEMENT

I, _____
(insert parent/guardian name)

understand that should my son or daughter be successful in being accepted into the Basketball Program in 2022 the following conditions apply to them:

- The 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 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 BASKETBALL PROGRAM APPLICATION),

Living Waters Lutheran College
176 Currie Street
Warnbro WA 6169

Office Use Only

Trial date: _____ Time: _____

Scholarship/Bursary: _____