



## 2006 Melbourne Commonwealth Games Future Athletes Program

### RUGBY CLINIC APPLICATION FORM

#### ABOUT THE PROGRAM

The 'Future Athletes Program' is an initiative of the Victorian Government designed to introduce secondary school age students competing in representative school events to a wider developmental pathway in their sport. During 2005 the Victorian Institute of Sport, in conjunction with the 16 Commonwealth Games sports associations, will conduct sport specific clinics providing:

- Technical Tips from leading coaches
- Training advice from a State or National representative athlete
- Valuable information on Sports Nutrition, Training and Injury Prevention
- Skill practice and assessment
- Information on how to take the 'next step' in sporting development

**Clinics are scheduled from 10:00am until 3:30pm, and are free of charge to participants.**

#### ELIGIBILITY and SELECTION to ATTEND a RUGBY CLINIC

All Victorian Secondary School students who meet the selection criteria may enrol in a Rugby clinic. Selection criteria have been developed in consultation with Victorian Rugby Union to assist athletes in taking the 'next step' in their sporting development. Clinic places are limited and applications will be accepted only until each clinic is full. Applications can close early should sufficient applications be received.

To be eligible to attend a Rugby clinic:

- Students must submit a signed application form to the VIS at least 5 working days prior to the scheduled clinic.
- Applicants must have competitive Rugby experience at a secondary school competition level.
- Applicants must be prepared to undertake a series of physiological fitness tests as part of the program. All applicants will be provided with a copy of their assessment data.
- Students must complete and submit a VIS Single Test Agreement Form (see attached) to approve the collection of physiological testing information
- Athletes with a disability are encouraged to apply.
- Students may attend only one 'Future Athletes Program' sports clinic.

#### SCHEDULED RUGBY CLINICS

- **MELBOURNE**    **VIS / Olympic Park**  
Sunday, September 18<sup>th</sup> 2005
- **MELBOURNE**    **VIS / Olympic Park**  
Sunday, October 9<sup>th</sup> 2005
- **BENDIGO**        **Bendigo Regional Athletics Centre**  
Sunday, October 16<sup>th</sup> 2005



# FUTURE ATHLETES PROGRAM



## RUGBY CLINIC APPLICATION FORM

Complete and mail or fax this form to:  
Future Athletes Program – Rugby Clinic  
Victorian Institute of Sport  
P.O. Box 12608 A'Beckett Street  
Melbourne VIC 8006  
Fax 9425-0100

Enquiries, please e-mail [future.athletes@vis.org.au](mailto:future.athletes@vis.org.au) or phone 9425-0030

Student's First Name:

Surname:

Gender: M / F Height (cm):  Weight (kgs):  Date of Birth

Name of Secondary School attending

Name of PE / Sport Contact at school

Are you an athlete with a disability? YES / NO

Have you previously played Rugby at any of the following levels? Please provide description

School Rugby YES / NO

Club Rugby YES / NO

Clinic applied for (*please circle*)

Melbourne (September)	Melbourne (October)	Bendigo
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Home Address:

Suburb:  Post Code:

Phone Number:  Emergency Number:

E-mail Contact: \_\_\_\_\_

Parent consent to attend clinic:

*I (Name of Parent / Guardian) \_\_\_\_\_  
hereby give permission for my son/daughter to undertake Rugby instruction at a Future Athletes Program clinic.*

\_\_\_\_\_  
*Signature of Parent or Guardian*

**All applicants will be notified by mail about the status of their application**





**Victorian Institute of Sport**

Olympic Park,

Swan Street,

MELBOURNE Vic 3000

Telephone +613 9425 0000

## **SINGLE TEST AGREEMENT FORM (STAF)**

I \_\_\_\_\_

Of (VIS Program) \_\_\_\_\_

Have been invited to participate in this physiological assessment conducted by VIS Sport Science on the following terms:

1. I understand that this is a single use agreement to access VIS facilities to undertake a physiological assessment.
2. I will only have access to the equipment and facility areas involved in the physiological assessment.
3. I will obey the directions from the designated co-ordinator (VIS staff member) of the physiological assessment session.
4. Once the physiological assessment session has been completed I will vacate the VIS facility.
5. I do not have access to the VIS physical training or recovery facilities.

Participant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

(required if age under 16)

Date: \_\_\_\_\_

**Official Use Only:**

Current VIS squad  
member Check

?

Clearance Approved

?