



SPORTS ACADEMY APPLICATION FORM

CLOSING DATE: **FRIDAY 5 MARCH 2010**

To be completed by the applicant AND signed by a parent/guardian.

This application, on completion, is to be returned to:

By post: The Project Administrator,
Children and Families Sports and Outdoor Education Unit
New Parliament House, 5-7 Regent Road, Edinburgh, EH7 5BL

By e-mail: sportsacademy@edinburgh.gov.uk

Surname _____

First Name(s) _____

Date of Birth _____

Primary School (if currently in P7) _____

Secondary School (as of August this year) _____

Year Group (as of August this year) _____

Name of Parent or Guardian (To whom correspondence should be sent) _____

Home address (For correspondence) _____

E-mail address (For correspondence) _____

Telephone (Day) _____ Telephone (Evening) _____

Mobile _____

Sport applied for (Please tick one only)

Badminton Basketball Cricket Cycling Disability Sport Boys Football Girls Football

School and/or Club Team _____

Name of School and/or Club Coach _____

Club contact address (if appropriate) _____

Please outline your experience in the selected sport (should you wish to attach further information please do so) _____

Signed (Parent/Guardian)