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## AFL Academy Trials An Invitation to Year 6 Students

Cecil Andrews College is offering Year 6 students the opportunity to trial for the AFL Academy with the AFL Specialist Teacher, and Academy Coordinator for enrolment in 2022. Students will have the chance to demonstrate their ability to perform on a variety of platforms necessary for successful competition in the game of AFL. The trial will involve a combination of exercise testing, skills testing, and skill-based games.



**When:** September 9<sup>th</sup>, 2021 or September 16<sup>th</sup>, 2021

**Transport:** By Parent/Caregiver      **Cost:** Free      **Time:** 12:30 – 2:30pm

**Where:** Cecil Andrews College - 39 Seville Drive, Seville Grove

**Clothing:** Please ensure students are wearing appropriate sporting attire, and bring both runners and boots on the day.

Please park outside the main gates when dropping off and picking up students.

**Please be aware that due to student availability Cecil Andrews College are running two trials on the 9<sup>th</sup> and 16<sup>th</sup> of September. It is only necessary for your child to attend one of these trials to be considered for the AFL Academy in 2022, please ensure that you clearly indicate which trial date your child will be attending.**

Please complete and return the attached application form to Cecil Andrews College or your child's school by 3 September 2021. Alternatively the application form may be emailed through to [Kimberley.bowey@education.wa.edu.au](mailto:Kimberley.bowey@education.wa.edu.au).



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## Cecil Andrews College AFL Academy Trial Application

PLEASE PRINT CLEARLY

Student's Name: \_\_\_\_\_

Current School: \_\_\_\_\_ Year: \_\_\_\_\_

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

Address: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (mobile) \_\_\_\_\_

Email Address: \_\_\_\_\_

Circle the trial date your child will be attending:

(Thursday September 9<sup>th</sup>)

(Thursday September 16<sup>th</sup>)

Please provide a brief statement to support your child's application. Outline previous AFL experience and his/her interest in participating in this program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide a reference to support your application (i.e. AFL Coach)

Name: \_\_\_\_\_ Mobile: \_\_\_\_\_

Organisation: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete and return the attached application form to Cecil Andrews College or your child's school by 3 September 2021. Alternatively the application form may be emailed through to [Kimberley.bowey@education.wa.edu.au](mailto:Kimberley.bowey@education.wa.edu.au).**

## HEALTH / EMERGENCY CONTACT FORM

### STRICTLY CONFIDENTIAL

This information, that is required for each student participating in the trials, will assist the school and supervising teachers in the preparation and planning of the trial day to ensure that child welfare is well accounted for.

#### STUDENT DETAILS

Student's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Parent/guardian's full name: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone - Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Name of family doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

#### Medical details

Is your child subject to seizures, fainting, epilepsy, asthma, diabetes or any other condition that may affect his or her safety during the trials?

Yes

No

If "yes", please give details:

\_\_\_\_\_

#### Is your child allergic to:

Penicillin

Any food

Any other drug

Other

Date of last tetanus vaccination: \_\_\_\_\_

#### Medication:

Parents/Guardians are requested to make arrangements with the teacher –in-charge for the safekeeping and handling of prescribed medications prior to the trial day. If a student uses an Asthma puffer please ensure that he/she carries it on the day.

Is your child presently taking tablets and/or other forms of prescribed medication? Yes  No

Does your child self-administer the medication? Yes  No

If "yes", state name of medication, dosage and frequency of use: \_\_\_\_\_

Does your child have a current Health Care Authorisation Plan at school? Yes  No

#### Ambulance Cover:

Yes  No

#### Other Information:

Please provide any other information about your child, which will enable the organizers of the trials to provide better care for your child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_