



GOLD COAST ACADEMY OF SPORT

2017 SPEED CLINIC

APPLICATION FORM – Monday / Tuesday 18/19th September

TO BE HELD AT RUNAWAY BAY SPORTS SUPER CENTRE

APPLICANT INFORMATION			
First Name:	Surname:	DOB:	
Postal Address:			
Suburb:	State:	Postcode:	Council Div:
Home Phone:		Primary contact.. Mobile (Compulsory):	
Primary contact. Email (compulsory):			
School:		School Year:	
SPORT INFORMATION			
Sport / Present Club:	Membership #:	No of Years Competing:	
Coach:		Age Group:	
Major achievements and why you believe the Speed Clinic will assist you:			
PARENT / GUARDIAN / EMERGENCY CONTACT INFORMATION			
Name:	Mobile:	Email:	
Name:	Mobile:	Email:	
OTHER INFORMATION			
Dietry Requirements :			
Any past / current injuries:			

CONTACT / FURTHER INFORMATION

For further information please contact Joanne Daly, Programs Manager: 0403 676 897 or: programs@goldsport.com.au