

## Specialist Basketball Program

# Development Training Squad

Year 5 - 8

# APPLICATION

*Looks like school, feels like home...*

[encounter.sa.edu.au](http://encounter.sa.edu.au)

## Parent/Guardian Information for Prospective Students

The Basketball Development Program has been established to assist talented junior players to achieve at the highest levels of performance in basketball. The program also provides opportunities for students to access additional resources to help assist develop their educational, emotional and social wellbeing.

The aims of the program are to provide players access to:

- A flexible, supportive and “athlete friendly” academic environment. The academic program covers essential learning in the MYP, along with individualised education pathway plans.
- Quality coaching from Adelaide District Basketball Clubs and SA Country in the College Kondole and at other stadiums.
- Competition and individualised and team training opportunities matched to the athlete’s development and potential.
- A Personal Development program specific to the student.

Support will be provided through the program to assist student to balance their demanding schedules and achieve success at school as well as in their personal and sporting lives.

### Criteria for selection

The selection of students into the program is based upon the applicant’s ability to meet the following criteria

- High level of ability and performance in both a training and competitive environment
- Positive and enthusiastic attitude to support their personal development. Potential for future development and growth in Basketball.
- High level of coachability that enables all individuals to seek and accept a variety of feedback

***Please retain this information page for your reference, do not include this page when you submit this application***

- High level of ability to improve their skills and knowledge in all aspects of their schooling.
- Provide a positive role model for others in their approach to learning, school rules and behaviour.
- Must play/compete for a basketball club or representative team in the Great Southern Basketball Association.

## Conditions of the Enrolment

By accepting an offer for a position in Specialist Basketball Program, a student must agree to the terms and conditions specified by the ***'Specialist Basketball Program Expectations'***

### STUDENTS ARE EXPECTED TO:

- Demonstrate a willingness, desire and commitment to developing their own skills and knowledge within basketball
- Complete all required school work and tasks, thoroughly and on time to the best of their ability
- Be prepared for each lesson with appropriate EBDP uniform, footwear and equipment
- Continually strive to improve their skills and knowledge in all aspects of their schooling
- Provide a positive role model for others in their approach to learning, school rules and behaviour.
- Be available to represent the school in their basketball

## Annual Fees

As participation in the Encounter Lutheran College Basketball Program is voluntary, not all costs will be covered within the College's tuition fees. An annual fee is set by the College and contributes to costs associated with the program and covers items such as equipment use, travel, guest speakers. Some excursions will incur additional costs, especially where transport is required. Parents will be given advanced notice of major excursions to assist with planning and budgeting. The annual fee is \$150 per year, with new students entering the program billed in week 4 of the term they join. This amount is reviewed annually and parents will be informed of any likely changes.

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## Application Process

1. Please complete the attached **Player Application**.
2. Remove Cover and Information Pages before submitting application
3. Ask a coach who has coached your child for some time to complete the **Confidential Reference** and return it separately to the College.
4. Submit the Athlete Application before the end of Term 3. **Please note that the coach's confidential reference is also due at this time.**
5. Organise a follow-up interview with Troy Wegener (Specialist Basketball Coordinator) to discuss the application.
6. The Athlete Application is reviewed to gauge whether the student meets the criteria for the program. A key aim is to ensure the balance between **academic** and **sporting achievement** can be obtained.
7. Students and families will be notified in writing on the success of their application.
8. **IMPORTANT: Progressive and Annual Reviews.** Acceptance into Encounter Lutheran College Basketball Program at a particular Year Level does not lead to automatic acceptance in the following year. Student progress and achievement is **reviewed throughout each year** and requires the student to **consistently** satisfy academic, conduct and sporting criteria.

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# BASKETBALL PROGRAM

## DEVELOPMENT SQUAD



BASKETBALL ASSOCIATION

### Part 1 - Student-Player Application

**TICK THE BOX** if your child is a current student of the College.  
(move to PART 2 – Basketball Details)



#### STUDENT DETAILS:

SURNAME: \_\_\_\_\_

GIVEN NAMES: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

GENDER: MALE [ ] FEMALE [ ]

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ PLAYER MOBILE: \_\_\_\_\_

**MOTHERS NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

MOBILE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

MOTHER'S EMAIL: \_\_\_\_\_

#### FATHERS NAME:

ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

MOBILE: \_\_\_\_\_

FATHER'S EMAIL: \_\_\_\_\_

**EMERGENCY CONTACT NAME:** \_\_\_\_\_

RELATIONSHIP TO PLAYER: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_

WORK TELEPHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

## Part 2 - Basketball Details

**Club:** \_\_\_\_\_

**Representation** (Indicate present or latest team selection)

- **State:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- **Club:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current Level of Performance:** Detail your best performances in the last twelve (12) months including dates and places:

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

**Name of Current Coach(es):**

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

## Basketball/Career Goals

Indicate briefly what future goals you have in your **basketball** career.

### IMMEDIATE (this year)

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### MEDIUM TERM (3 years)

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**List the achievements that you are proudest of:** (These may be positions of responsibilities you have held or awards you have earned etc.)

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**Outline the training schedule you are currently doing for basketball** (include days, hours etc.)

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### Part 3 - Referees

- a. List **ONE referee** (other than a parent or guardian) who could speak about the academic and/or personal and abilities

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

Contact Phone: \_\_\_\_\_

Relationship to Athlete: \_\_\_\_\_

**b. REFERENCE FROM COACH (confidential)**

Name of Coach: \_\_\_\_\_

Position Held: \_\_\_\_\_

Contact No (office hours): \_\_\_\_\_

Present Club / Training Venue: \_\_\_\_\_



## Part 4 – Student/Player Self-evaluation

Position within team: \_\_\_\_\_

Strengths: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Weaknesses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Coachability: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attitude/Sportsmanship: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Student-Player & Parent Signatures

Please ensure all details are correct to the best of your knowledge and sign in the space below:

.....

(Player's signature)

.....

Date

.....

(Parent/Guardian signature  
if athlete under 18 years)

.....

Date

## CHECKLIST

PLEASE ENSURE THAT:

- You have removed first four pages of this document (cover and information pages)
- You and your parent / guardian have signed the completed application
- You have given your current coach the Confidential Reference (last page of application) and asked him/her to complete it and return it to the school.
- You have attached copies of school reports from the previous 12 months PLUS the most recent NAPLAN report
- Booked an interview time to meet with Troy Wegener (Specialist Basketball Coordinator)

Completed applications should be returned to:

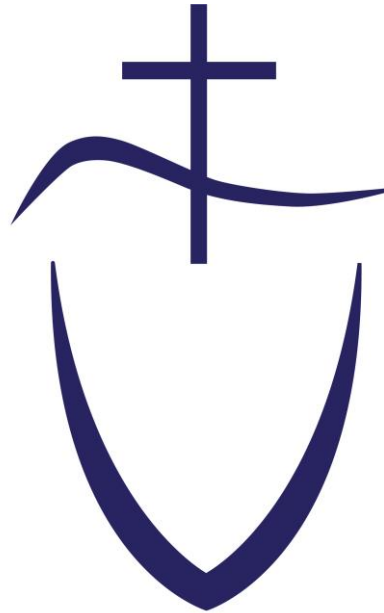
**Troy Wegener**

*Specialist Basketball Coordinator*

Encounter Lutheran College  
PO Box 2150  
VICTOR HARBOR SA 5211

**TEL:** (08) 8552 8880    **FAX:** (08) 8552 8833

**EMAIL:** [troy.wegener@encounter.edu.au](mailto:troy.wegener@encounter.edu.au)



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LUTHERAN COLLEGE ■

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