



READING BLUE COAT

Athlete Development Program Application Form

PUPIL'S NAME

DATE OF BIRTH PRESENT SCHOOL

NAME OF PARENT

DAYTIME CONTACT NUMBER EMAIL ADDRESS

CAN THIS PUPIL ATTEND SESSIONS (PLEASE HIGHLIGHT AS APPROPRIATE):

BEFORE SCHOOL (7.30AM-8.30AM) YES / NO AFTER SCHOOL (4.30PM-5.30PM) YES / NO

RECENT SPORTING ACHIEVEMENTS (PLEASE PLACE MAIN SPORT AND HIGHEST ACHIEVEMENTS AT THE TOP):

Sport, club & position	Competition level & result	Date (from-to or present)

AVERAGE WEEKLY TRAINING SCHEDULE:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Session 1							
Session 2							
Session 3							

STRENGTH AND CONDITIONING EXPERIENCE:

Exercise	Experienced in this exercise? (PLEASE HIGHLIGHT AS APPROPRIATE)	Weight and/or number of reps achieved (1RM or best set)
Barbell Snatch	Yes / No	
Barbell Back Squat	Yes / No	
Barbell Bench Press	Yes / No	
Body weight pull ups	Yes / No	

Signature of Parent..... Date

Please return completed form to the Admissions Office, Reading Blue Coat School