



READING BLUE COAT

16+ 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