Wide Bay Sports Academy

Individual Participation Form

All athletes participating in Wide Bay Sports Academy programs must complete this form prior to commencing any training, testing, education session, event, clinic, workshop or academy activity. This form must be completed by a parent/guardian if the athlete is under 18 years of age.

1. Athlete Details

Athlete First Name

Athlete Last Name

Date of Birth

Gender

Options: Female, Male, Prefer not to say, Other

School

Sport/s

Current Club

Program Participating In

Options: Athletic Performance Program, Sport-Specific Academy Program, School-Ba

If other, please specify

2. Parent / Guardian and Emergency Contact Details

Parent/Guardian First Name

Parent/Guardian Last Name

Relationship to Athlete

Email Address

Options: Mother, Father, Guardian, Carer, Other

Mobile Number

Emergency Contact Name

Emergency Contact Number

3. Medical Information and Fitness to Participate

I confirm that, to the best of my knowledge, the athlete is physically and medically able to participate in Wide Bay Sports Academy activities. I agree to disclose any relevant medical conditions, injuries, allergies, medications, asthma, previous concussions, physical limitations or other health concerns that may affect the athlete's ability to safely participate.

Does the athlete have any relevant medical conditions, injuries, allergies or health concerns?

☐ Yes ☐ No

If yes, please provide details

Current medications

Does the athlete carry an asthma puffer, EpiPen or other required medical item?

☐ Yes ☐ No

If yes, please provide details

Has the athlete had a concussion in the past 12 months?

☐ Yes ☐ No

If yes, please provide details

4. Participation Agreement

I give permission for the athlete named in this form to participate in activities delivered by Wide Bay Sports Academy. I understand that participation may include physical training, athletic performance testing, education sessions, sport-specific development activities, workshops, clinics and academy events.

☐ I have read and agree to the participation agreement.

5. Athlete Expectations and Code of Conduct

As a participant of Wide Bay Sports Academy, the athlete agrees to:

- Respect the rights, dignity and worth of all athletes, coaches, staff, officials, volunteers and spectators.
- Behave in a respectful, responsible and sportsmanlike manner at all times.
- Follow the instructions of WBSA coaches, staff, allied health professionals and program supervisors.
- Arrive on time and be prepared for all sessions.
- Wear appropriate training clothing and footwear.
- Use all equipment and facilities safely and respectfully.
- Avoid inappropriate language, bullying, harassment, discrimination or behaviour that may negatively impact others.
- Represent Wide Bay Sports Academy, their school, club and region in a positive manner.

Wide Bay Sports Academy reserves the right to remove an athlete from a session or program if their behaviour places themselves or others at risk, or if they fail to meet expected standards of conduct.

☐ I understand and agree to the athlete expectations and code of conduct.

6. Parent / Guardian Expectations

- Ensure the athlete attends sessions on time and is appropriately prepared.
- Communicate any relevant medical, injury, behavioural or wellbeing concerns to WBSA staff.
- Notify WBSA if the athlete is unable to attend a scheduled session.
- Respect coaches, staff, volunteers, other athletes and families.
- Support the development-focused nature of the program.
- Understand that WBSA programs are designed to support athlete development and do not guarantee selection, scholarships, representative honours or performance outcomes.

☐ I understand and agree to the parent/guardian expectations.

7. Training, Testing and Physical Activity Consent

I give permission for the athlete to participate in physical training, athletic development, performance testing and related activities delivered or supervised by Wide Bay Sports Academy. This may include, but is not limited to:

- Warm-ups and movement preparation
- Strength and conditioning activities
- Speed, agility and change of direction training
- Jumping, landing and plyometric activities
- Fitness and conditioning activities
- Mobility, balance and coordination activities

- Athletic performance testing
- Education sessions
- Recovery and wellbeing activities

I understand that activities will be delivered in a developmentally appropriate manner and that loads, exercises and testing may be modified based on the athlete's age, ability, training history, injury status and readiness.

☐ I consent to the athlete participating in training, testing and physical activity delivered by Wide Bay Sports Academy.

8. Injury, First Aid and Emergency Medical Treatment

I understand that participation in sport, physical training, athletic performance testing and related activities involves inherent risks, including but not limited to muscle strains, ligament injuries, joint injuries, falls, collisions, overuse injuries, heat illness and other accidental injuries.

In the event of injury, illness or emergency, I authorise Wide Bay Sports Academy staff, coaches or representatives to:

- Provide basic first aid.
- Contact the listed parent/guardian or emergency contact.
- Arrange medical assistance, ambulance transport or emergency treatment if deemed necessary.
- Share relevant medical information with medical professionals for the purpose of athlete care.

I understand that any medical, ambulance or treatment costs are the responsibility of the parent/guardian unless otherwise covered by insurance.

☐ I authorise Wide Bay Sports Academy to provide or arrange first aid and emergency medical assistance if required.

9. Illness and Attendance

Athletes must not attend WBSA activities if they are unwell, contagious, medically unfit to train or experiencing symptoms such as fever, vomiting, diarrhoea, persistent coughing, sore throat, unusual fatigue or other symptoms that may place themselves or others at risk.

Parents/guardians must notify WBSA as early as possible if the athlete is unable to attend due to illness, injury, school commitments, representative sport, family commitments or other unavoidable reasons. Athletes may be asked to modify, pause or withdraw from activity if WBSA staff believe participation may be unsafe.

☐ I understand and agree to the illness and attendance expectations.

10. Athletic Performance Testing Data Consent

I understand that Wide Bay Sports Academy may collect athletic performance testing data as part of its programs. This may include results from tests such as sprint times, jump performance, strength assessments, movement screening, change of direction testing, endurance testing or other sport-relevant assessments.

I understand that this information may be used to:

- Monitor athlete development.
- Provide feedback to athletes and parents/guardians.
- Assist coaches in planning appropriate training.

- Support reporting to schools, clubs, sporting organisations or program partners where relevant.
- Contribute to de-identified internal analysis, benchmarking or descriptive research.

Any data used for broader reporting, benchmarking or research purposes will be de-identified, meaning the athlete's name and directly identifying details will not be published.

Do you consent to the athlete's de-identified athletic performance testing data being used for internal analysis, benchmarking and/or descriptive research?

- [ ] Yes, I consent.
- [ ] No, I do not consent.

11. Privacy and Information Sharing

Wide Bay Sports Academy collects personal, medical and performance information for the purpose of safely and effectively delivering academy programs. Information may be accessed by relevant WBSA staff, coaches, contractors, allied health providers, program partners or emergency medical personnel where necessary for program delivery, athlete safety or athlete development.

WBSA will take reasonable steps to protect personal information and will not knowingly share identifying personal information with unrelated third parties unless required by law, required
for athlete safety, or authorised by the parent/guardian.

- [ ] I understand and agree to the privacy and information sharing statement.

12. Photography, Video and Promotional Material

Wide Bay Sports Academy may take photographs or video footage during training sessions, testing days, education sessions, events, clinics or academy activities. These images or videos may be used for coaching and athlete feedback, movement analysis, internal education, WBSA website and social media, promotional flyers, newsletters or reports, grant applications and stakeholder reporting.

Photography and video consent

- [ ] I consent to photographs and/or video footage of the athlete being used for coaching, education and promotional purposes by Wide Bay Sports Academy.
- [ ] I consent to photographs and/or video footage being used for coaching and internal education only, but not public promotion.
- [ ] I do not consent to photographs and/or video footage of the athlete being used.

13. Communication

I understand that Wide Bay Sports Academy may communicate program information through email, phone, SMS, online forms, social media groups, scheduling platforms or other appropriate communication channels. Parents/guardians are responsible for checking communication regularly and ensuring contact details remain current.

- [ ] I understand and agree to receive program-related communication from Wide Bay Sports Academy.

14. Insurance

I acknowledge that Wide Bay Sports Academy recommends that all athletes have appropriate private health, ambulance, personal accident and/or sports injury insurance. I understand that WBSA does not guarantee that all medical, ambulance, rehabilitation or injury-related costs will be covered in the event of injury or illness.

☐ I understand the insurance statement.

15. Withdrawal, Refunds and Program Changes

I understand that if an athlete withdraws from a program, is unable to complete a program, or is removed from a program due to behaviour, attendance, injury or other reasons, any refund or credit will be managed in accordance with Wide Bay Sports Academy's relevant refund or program policy.

I understand that WBSA may modify session times, venues, coaches, content or delivery format where required due to weather, facility availability, staffing, safety or operational requirements.

☐ I understand the withdrawal, refund and program changes statement.

16. Risk Acknowledgement

I acknowledge that participation in sport, training, athletic performance testing and physical activity carries inherent risks. These risks may include minor injuries, serious injuries, illness, aggravation of pre-existing conditions, accidents involving equipment or facilities, environmental risks such as heat or weather, and actions of other participants.

I understand these risks and give permission for the athlete to participate willingly.

☐ I acknowledge the risks associated with participation.

17. Release and Indemnity

To the extent permitted by law, I agree to release and indemnify Wide Bay Sports Academy, its directors, employees, contractors, coaches, volunteers, program partners, sponsors and facility providers from claims, liabilities, losses, damages or expenses arising from the athlete's participation in WBSA activities, except where caused by proven negligence or unlawful conduct.

☐ I understand and agree to the release and indemnity statement.

18. Final Declaration

I confirm that:

- I have read and understood this form.
- The information provided is true and accurate.
- I have disclosed all relevant medical, injury and wellbeing information.
- I give permission for the athlete to participate in Wide Bay Sports Academy activities.
- I understand the risks associated with participation.
- I agree to the terms outlined in this participation form.

☐ I confirm and agree to the declaration above.

19. Parent / Guardian Signature

Parent/Guardian Full Name

Date

Parent/Guardian Signature (type or draw when using a compatible PDF app)

20. Athlete Acknowledgement

I agree to participate respectfully, follow instructions, give my best effort and represent myself, my family, my school, my club and Wide Bay Sports Academy in a positive manner.

Athlete Full Name

Date

Athlete Signature (type or draw when using a compatible PDF app)

Office Use Only

Received by

Date received

Notes