



IRENE McCORMACK  
CATHOLIC COLLEGE

## Irene McCormack Catholic College Soccer Academy

### Application Form Year 7 2022

Open to both Male & Female Applicants

Applications close: Friday 24<sup>th</sup> September 2021

Information for trial dates will be sent to all applicants.

Academic Year of Entry: \_\_\_\_\_ Calendar Year of Entry: \_\_\_\_\_

Surname \_\_\_\_\_

Given Name(s) \_\_\_\_\_

Gender: Male/ Female    Current School Year \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Residential Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Postal Address (if different to above) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Home Phone No \_\_\_\_\_ Mobile Phone No \_\_\_\_\_

Email \_\_\_\_\_

Please return the completed Application form to:  
Irene McCormack Catholic College  
P.O. Box 318 Quinns Rocks WA 6030  
or drop it in to the College reception.

**Student Information**

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

Current Club: \_\_\_\_\_

Preferred Position: \_\_\_\_\_

Number of years playing competitive soccer: \_\_\_\_\_

Reasons for wanting to be involved in the Specialist Soccer Program at Irene McCormack Catholic College:

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Please list any goals for your involvement in soccer. These can be on or off the field:

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Coach's Reference (Optional)

Please comment on the ability, attitude and experience of the applicant:

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Signature of Coach \_\_\_\_\_ Date \_\_\_\_\_

Signature of Player \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_