

2025 BASKETBALL ACADEMY EXPRESSION OF INTEREST



Please complete and return to the College PRIOR to tryouts

Email: graeme.barnard@education.wa.edu.au

Student Surname					
Student Given Names					
Date of Birth					
2024 Year Level	6	7	8	9	10 (please circle)
Current Primary School					
Have you enrolled or applied to attend Kinross College for 2025?	YES / NO				

Medical conditions:

Experience:

Current Club/s	
Association YES / NO	If yes, which one?
Current Coach	
Years played Basketball?	

Parent/Caregiver contact details

Name:	Name:
:	:
Relationship:	Relationship:
Email:	Email:
Address:	Address:

- PLEASE PROVIDE IMAGE OF STUDENT WITH EXPRESSION OF INTEREST FORM