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2016-17 NCAS Golf Development Program



About the Academy

Established in 1989, the North Coast Academy of Sport aims to assist young athletes from the region to achieve sporting excellence. The Academy is a non-profit organisation covering a NSW coastal region from Laurieton to Tweed Heads. NCAS works closely with the relevant state and regional sporting associations.

Program Overview

The NCAS Golf Development Program has the specific objective of identifying talented junior golfers and providing them with a level of coaching that will assist them in taking the next step in the sport of Golf.

The NCAS Golf Development Program will complement the NCAS Golf Program currently provided at the Bonville Golf Club for sub elite golfers. The NCAS Golf Development Program will target the following groups:

- Boys born in the year 2002 or later with a GA handicap not lower than 10 and not higher than 24
- Girls with a GA handicap not lower than 15 and not higher than 30

The location of the NCAS Golf Development Program will be at the Murwillumbah Golf Club Driving Range.

The program will run from November 2016 until March 2017 with an athlete fee of \$100.

The tentative schedule of session dates and times is as follows:

Date	Time	Location
Sunday TBA November 2015	9.00am – 3.00pm	Murwillumbah Golf Range
Sunday TBA December 2015	9.00am – 3.00pm	Murwillumbah Golf Range
Sunday TBA January 2016	9.00am – 3.00pm	Murwillumbah Golf Range
Sunday TBA February 2016	9.00am – 3.00pm	Murwillumbah Golf Range
Sunday TBA February 2016	9.00am – 3.00pm	Murwillumbah Golf Range
Sunday TBA March 2016	9.00am – 3.00pm	Murwillumbah Golf Range

Training dates will be confirmed in the coming weeks.

Eligibility to apply

To be eligible for selection, applicants must meet the following criteria:

1. Must be a current registered member of a NSW Golf Club in the North Coast catchment area.
2. Athletes must be actively competing in NRDGA Junior Open Days
3. Must have a willingness to undertake a structured development program and abide by NCAS policies.
4. Complete and submit an application form by the due date **Friday 21st October 2016**

Selection Committee

The Selection Committee will consist of:

- The NCAS Head Coach
- A representative from Jack Newton Junior Golf
- A representative from both NDRGA and WGNR

Selection of athletes is based on development potential which includes factors such as age, performance history, attitude, coachability & not necessarily based purely on handicap. A further consideration for selection will be the applicant's attendance at a minimum of 50% of the NRDGA Junior Open Days in the 2015 season.

What Happens To Those That Are Identified?

Each applicant will be notified by email as soon as selections have been finalised. It is expected that selections will be completed by **Wednesday 9th November 2016**. If you have not received an email regarding selection by **Wednesday 16th November 2016** please contact the office on (02) 6620 3073.

For those athletes that are selected, you will receive a detailed offer to join the program which will include details on program dates, cost to athletes (The program is financially supported by the JNJG, NRDGA & WGNR however there will be an athlete levy to cover expenses determined from the program budget), uniform, insurance cover and NCAS athlete policies.

Further Information

- For further information regarding NCAS visit: <http://www.ncas.org.au>
- For further information about the program sponsors visit: <http://www.jnjg.com.au>
<http://www.nrdga.com.au>
<http://womensgolfnr.com.au>
- To contact the NCAS please phone 02-6620 3073, or fax 02-6620 3707 or email programs@ncas.org.au

One Final Thought "Nothing Ventured, Nothing Gained"

NCAS are very excited to join with JNJG, NRDGA & WGNR on this exciting program.

On behalf NCAS, I extend my thanks to the athletes and their families who apply for a position in the program in the hope of gaining a new and rewarding experience.

Thank You and Best Wishes



John Kincade
Executive Director

North Coast Academy of Sport ATHLETE APPLICATION FORM



Development Program 2016-17

All applications to be submitted to:

2016-17 Golf Development Program Application Form

North Coast Academy of Sport

PO Box 157, LISMORE NSW 2480

Phone: (02) 6620 3073, Fax: (02) 6620 3707

Email: programs@ncas.org.au

Web: www.ncas.org.au

Insert photo here
The photo needs to
be a 'head and
shoulders' shot.

Instructions to Golf athletes wishing to trial:

1. Complete all sections
2. Write neatly using only black pen
3. Attach a non-returnable photo (a quality photocopy will suffice)
4. Return this completed form back to NCAS by **Friday 21st October 2016**

Section One – Athlete information

Applicant Details

First Name					
Family Name					
Email (athlete)					
Street Address					
Town		Postcode		Date of Birth	
Gender		Home Phone			
Mobile Phone (athlete)					
Email (parent / guardian)					
(1) Parent/Guardian's Name					
Above Persons Contact No.					
(2) Parent/Guardian's Name					
Above Persons Contact No.					
Other Emergency Contact Person & Contact Number					
ATSI-Diverse Background (Optional):					
Are you of Aboriginal, Torres Strait Island or other culturally diverse background?					Yes / No
School					
Golf Club Name					
Coach Name & Contact Number					
Golflink number					

Section Two – Competition Golf History

Please summarise your top five golf performances over the last 24 months. Include event date, age and gender division, etc

1.

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2.

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3.

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4

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5.

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Coach’s name and contact details (post, phone, email):

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What would you or your coach say are your strengths as a golfer?

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What do you think are you weaknesses as a golfer that you hope to improve in the program?

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What are your golfing goals for the upcoming season (be specific):

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.....

What is your current handicap.....

Section Three - Health, Injury and Fitness Information

Briefly list all current and recent injuries (past 12 months), illnesses, allergies, etc.
(leave blank if none).

List all prescription or important medications that NCAS should know about.
(Leave blank if none)

List any disabilities or impairments that may affect your performance.
(Leave blank if none)

Medicare number.

Section Four – Athlete & Parent Declaration

1. Athlete Declaration

The information I have provided is accurate and correct:

SIGNED BY ATHLETE: _____ DATE: _____

2. Parental Guardian Consent

I give my consent for my child to apply to trial for the NCAS Golf Development Program:

SIGNED BY PARENT/GUARDIAN: _____ DATE: _____