

FEKO NATIONAL SQUAD

Application form

PLACE
PHOTO
HERE

PLEASE USE CAPITAL LETTERS

1. STUDENT DETAILS

Full Name: DOB:../...../.....
Address: Tel:
..... Post Code: Emergency Contact No:
Email:
Male/Female: Age: Mobile No:

2. OTHER DETAILS

Height:ftins Weight: kilos
Association:
Club: Instructor:.....
Style Practised: Grade:
FEKO Licence No: NNGB Licence No:
Do you have any medical condition(s) that we should know about? YES/NO. If yes, please specify:
.....

3. DECLARATION

I certify that to the best of my knowledge and belief, the foregoing details are correct and in the event of my being accepted I will abide by the Constitution of FEKO, together with any amendments that may be made during my period of membership.

I give permission for photos to be taken and they may be used on publicity materials for the interest of myself and FEKO: YES/NO

Signature: Date/...../.....

Signature of Parent/Guardian: Date:/...../.....
(if applicant under 18)

4. ACHIEVEMENTS TO DATE

Coach Shihan J Johnson, 56 Chetwynd Rd, Penn, Wolverhampton WV2 4NZ