**FEKO NATIONAL SQUAD TRAINING**

PLACE

PHOTO

HERE

(OPTIONAL)

*Registration form*

**PLEASE USE CAPITAL LETTERS**

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| 1. **STUDENT DETAILS**   Full Name: …………………………………………………..………………………………… Male/Female ….….............. DOB ……../......../........  Address: ………………………………………………………………………..…………………………… Town/City …………….................................  Post Code: ………….…… Tel: ……………………………..………… Email ………………………………………………………………………………………  Emergency Contact: Name…………………………….…………………….... Phone No: ………………………….…………………………….. |

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| 1. **OTHER DETAILS**   Association:………………………………………………………………………….…………………………………………………………………………….………  Club: ……………………………………………………..………………..………… Instructor:……….………………..................................  Style Practised: ……………………………..……………………..……………. Grade: …………………..………..…………………..………….  FEKO/FMA Registration Slip No: ……………………………….….…… Expiry date ……../……../……...  Height: …………..ft ……………ins ***or*** …………… cms Weight: ………………… kilos ***or*** st……………….. lbs………………  Do you have any medical condition(s) that we should know about? YES/NO. If yes, please specify:  ……………………………………………………………………………………………………………………………………………………………………….…………  (please continue overleaf if necessary) |

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| 1. **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 also confirm that I have permission from the Association’s Chief Instructor to attend FEKO National Squad training    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)* |

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| 1. **COMPETITIONS ENTERED IN THE PAST 2 YEARS AND RESULTS (continue overleaf if necessary)** |

**Squad Manager: Dr Josh Johnson MBE. Tel: 07946 223124**