5/21

FEKO NATIONAL SQUAD TRAINING

Registration form

PLACE PHOTO HERE (OPTIONAL)

PLEASE USE CAPITAL LETTERS

1. STUDENT DETAILS

Full Name: …… Male/Female …….. DOB ……../……../…….

Address: …… Town/City ……..

Post Code: …… Tel: …… Email ……

Emergency Contact: Name…….. Phone No: ……..

2. 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)

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 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)

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

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