

Rowing Academy Application Form

Section A: Personal Informatio	<u>n</u>			
First Name:	Surname:	D	ate of Birth:	
Address:				
Gender: Male / Female	Current School:			
UPN Number:				
Parent / Guardian Name:		Contact Number		(Mobile)
Parent / Guardian Contact Ema	il Address:			
Contact Number	(Home) Contac	ct Number		(Work)
Section B: Physiological Inform	ation			
Height(cm)		Arm span	(cm)	
Weight(kg)		Seated Height	(cm)	
Grey box below shou	ıld be left blank. This information	will be gathered on physi	cal testing day.	
250m Ergo Sprint:				
7 Stroke Max Test:				
10 minute ergometer coaching	progress / coachability:			
45 minute on water rowing coa	ching progress / coachab	oility:		

*Please note, some tests will not be conducted on the day of consultation.

Section C: Sporting Experience Profile

Sports currently participated in	For how long (years)?	Frequency (number of training sessions / week) during season?	Level participating at (Local / Regional / National / International)?
Section D: Addition	al Information		

Please use the space below to provide any additional / relevant information to your application

On receipt of application, students and their parents will be contacted by the Academy to arrange physical testing dates and times. Please send applications to nrobinson@mca.mossbourne.org