



MCA Rowing Academy Supplementary Information Form

Section A: Personal Information

First Name:..... Surname:..... Date of Birth:.....

Address:.....

Gender: Male / Female Current School:.....

Parent / Guardian Name:..... Contact Number(Mobile)

Parent / Guardian Contact Email Address:.....

Contact Number.....(Home) Contact Number(Work)

Section B: Physiological Information

Height.....(cm)

Arm span (cm)

Weight.....(kg)

Seated Height..... (cm)

250m Ergo Sprint:.....

7 Stroke Max Test:.....

10 minute ergometer coaching progress / coachability:.....

45 minute on water rowing coaching progress / coachability:.....

*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: Additional Information

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

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On receipt of this form, students and their parents will be contacted by the academy to arrange physical testing dates and times.

Please send this form to rowingacademyadmissions@mca.mossbourne.org