



Ice Skating Australia Incorporated
Affiliated to the International Skating Union

Form Document : HPF-0803-V1

**International Competitions 2009-2010
Application Form**

| | | | | | | |
|---------|--|------------|--|---------------|-----|----------------|
| SURNAME | | FIRST NAME | | DATE OF BIRTH | / / | DAY MONTH YEAR |
|---------|--|------------|--|---------------|-----|----------------|

| | | | | | | | | |
|---|-----|-----------------|--|-----------------|--|-------------|-----|----------------|
| COUNTRY OF BIRTH | | CITY | | NATIONALITY | | | | |
| START OF AUSTRALIAN RESIDENCY (IF APPLICABLE) | / / | PASSPORT NUMBER | | ISSUING COUNTRY | | EXPIRY DATE | / / | DAY MONTH YEAR |

| | | | | | | | |
|----------------|-----|------------------------|--|---------------|--|-------------|--|
| HOME ADDRESS | | POST CODE | | | | | |
| HOME PH. | () | MOBILE NO. | | ATHLETE EMAIL | | | |
| CONTACT PERSON | | RELATIONSHIP TO SKATER | | CONTACT EMAIL | | CONTACT PH. | |

| | | | |
|-------------------|--|--|--|
| HOME CLUB & STATE | | HIGHEST ISA TEST PASSED | |
| COACH(ES) | | COACH(ES) CONTACT (Phone and/or Email) | |

ATHLETE CONTRACT

If chosen to represent Ice Skating Australia (ISA) in International Competitions I agree to the following:

1. To undertake pre-event training in a responsible & enthusiastic manner & to provide ISA with a copy of my training schedule (if requested).
2. To skate in any selection competition stipulated by ISA or, if requested, before a review panel prior to departure for overseas events.
3. To undergo a medical assessment (if required) for any illness or injury and supply a written report on the assessment.
4. To submit competition forms to ISA by the specified due dates.
5. To permit the email addresses provided to be included on distribution lists and similar, for the purposes of disseminating information for athletes.
6. To observe and comply with anti-doping policies of ISA and ISU.

All athletes nominated to compete in international competitions will be issued an ISA Athlete Agreement which they will be required to read, accept and abide by. The Agreement commences on the date the Agreement is executed and concludes 28 days after the completion of the final ISU Championship event of the season.

I have read and understood the above clauses and agree to abide by the content. I realise that non-adherence to these undertakings may mean disqualification or withdrawal from any event, or team, to which I have been chosen to represent ISA.

| | | | | |
|--|--|------|-----|----------------|
| SIGNATURE OF COMPETITOR OR GUARDIAN (if competitor is under 18 years of age) | | DATE | / / | DAY MONTH YEAR |
|--|--|------|-----|----------------|

| | | | | |
|-------------------|--|------|-----|----------------|
| COACH'S SIGNATURE | | DATE | / / | DAY MONTH YEAR |
|-------------------|--|------|-----|----------------|

PLEASE RETURN COMPLETED FORM TO THE HIGH PERFORMANCE OPERATIONAL DIRECTOR

Ice Skating Australia Incorporated

Affiliated to the International Skating Union

Winter Games NZ 2009 Expression of Interest Form

Nomination to Winter Games NZ will be based upon the Winter Games NZ 2009 Nomination Criteria (HPP-0917).

| | | | |
|----------------|--|-------------------|--|
| SURNAME | | FIRST NAME | |
|----------------|--|-------------------|--|

Please indicate which divisions you are age eligible to compete and wish to be considered in.

| DIVISION | INDICATION |
|-------------------------------|-------------------|
| Novice | |
| Junior | |
| Senior | |
| ANY ADDITIONAL COMMENTS | |

| | | | |
|---|--|-------------|--------------------|
| SIGNATURE OF COMPETITOR OR GUARDIAN (if competitor is under 18 years of age) | | DATE | DAY / MONTH / YEAR |
|---|--|-------------|--------------------|

**COMPLETED FORM MUST BE SENT TO THE HIGH PERFORMANCE OPERATIONAL DIRECTOR
BY FRIDAY 12 JUNE 2009**

Ice Skating Australia Incorporated

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International Competitions 2009-2010 Request Form

Please indicate **all** competitions that you are interested in and available to attend.

Nomination to competitions will be based upon the International Competition Nomination Criteria 2009-2010 (Singles/Pair Skating/Ice Dancing) (HPP-0901).

| | | | |
|----------------|--|-------------------|--|
| SURNAME | | FIRST NAME | |
|----------------|--|-------------------|--|

Junior Skaters Only - Junior Grand Prix Preferences

ISA has received information from the ISU as to which Junior Grand Prix events have been allocated for Australian participation. These are listed below. Please list in numbered order of preference. Please also indicate ('X') for those you are unable to attend due to other commitments (eg. exams or other personal clashes).

| DATES | COMPETITION | AUSTRALIAN ENTRY QUOTA | PREFERENCE |
|----------------------|----------------------|--------------------------------|------------------------------|
| Aug 26 - 30, 2009 | Budapest, Hungary | No entries | <i>No Australian Entries</i> |
| Sep 2 - 6, 2009 | Lake Placid, NY, USA | 1 Man, 1 Pair | |
| Sep 9 -13, 2009 | Torun, Poland | 1 Man, 1 Lady, 1 Pair | |
| Sep 23 - 27, 2009 | Minsk, Belarus | 1 Pair | |
| Sep 30 - Oct 4, 2009 | Dresden, Germany | 1 Man, 1 Lady, 1 Dance, 1 Pair | |
| Oct 7 -11, 2009 | Zagreb, Croatia | 1 Man | |
| Oct 14 - 18, 2009 | Istanbul, Turkey | 1 Man, 1 Lady, 1 Dance | |

Junior and Senior Skaters - Other Competition Requests

| | |
|--|--|
| OTHER INTERNATIONAL COMPETITIONS YOU WISH TO ATTEND | |
|--|--|

| | |
|----------------------------|--|
| ADDITIONAL COMMENTS | |
|----------------------------|--|

| | | | |
|---|--|-------------|---------------------------|
| SIGNATURE OF COMPETITOR OR GUARDIAN (if competitor is under 18 years of age) | | DATE | DAY / MONTH / YEAR |
|---|--|-------------|---------------------------|

**PLEASE RETURN COMPLETED FORM TO THE HIGH PERFORMANCE OPERATIONAL DIRECTOR
BY THE DUE DATE**

International Nomination Medical Questionnaire

CONFIDENTIAL

CONTACT INFORMATION

Surname First Name Date of Birth

Email Contact No.

NEXT OF KIN

Surname First Name Relationship

Email Contact No.

MEDICAL

CURRENT MEDICATIONS

DOSAGE: Per week, Per day, etc.
 Include all **Inhalers, Vitamins, Tonics, Herbal Remedies** etc.

ALLERGIES & REACTIONS

MEDICAL CONDITIONS Please answer all questions

| | | | | | | | |
|----------------|----------|-----------------|----------|----------|----------|-----------|----------|
| Heart problems | YES / NO | Kidney problems | YES / NO | Diabetes | YES / NO | Migraines | YES / NO |
| Hayfever | YES / NO | Liver problems | YES / NO | Epilepsy | YES / NO | Asthma | YES / NO |

Special Dietary Requirements (Please Specify)

Any Operations (Please Specify)

Other Medical Problems (Please Specify)

VACCINATIONS

HEPATITIS YES / NO If yes, when TETANUS YES / NO If yes, date of last booster

INJURIES

Please specify any type of injury which prevented you from training for more than a week during the last 12 months; for example; Head Injury / Shoulder / Elbow / Wrist / Back / Hip / Knee / Other:

Type of injury: Date injury occurred:

Was the injury sustained while skating? YES / NO Are you currently receiving treatment for the injury? YES / NO

If yes please specify the treatment, eg. physio, etc.....

(Please specify any special exercises you may have to do to prevent the injury recurring)

Competitor's Signature: **Date:**

Parent / Guardian Signature: **Date:**
 (if competitor is under 18 years of age)

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