



Ice Skating Australia Incorporated

Incorporated in the ACT
Affiliated to the International Skating Union
ABN 92 108 686 740
Administration Office: PO Box 3266, North Strathfield NSW 2137
Tel: + 02 8116 9710 Fax: + 02 8732 1627 Email: administration@isa.org.au

OVERSEAS TRAVEL INSURANCE FORM

ISA has organised travel insurance for all persons travelling on ISA sanctioned trips that includes cover while participating and training in overseas competitions. Our broker, Worldwide Sports Insurance, has placed this cover with Sportscover Australia Pty Ltd. Please read their PDS and cover summary for full details of the policy (available on the ISA website) and whether this product is suitable for you.

THIS WILL BECOME A TAX INVOICE WHEN THE COMPLETED FORM & FEE IS RECEIVED BY ISA. FEE AND FORM MUST BE FAXED or EMAILED or POSTED TO ISA BEFORE DEPARTING AUSTRALIA. PAYMENT TO BE MADE BY DIRECT DEPOSIT TO THE ISA ACCOUNT (or by Cheque if posting).

Account name: Ice Skating Australia Inc
BSB: 034 081
Account no: 144369
COST IS \$90 (INC GST) PER PERSON PER TRIP.

THIS INSURANCE IS AVAILABLE TO ALL ATTENDING OVERSEAS ICE SKATING EVENTS, SKATERS, PARENTS, FRIENDS & ALSO COVERS TRAVEL NOT DIRECTLY RELATED TO THE EVENT.

APPLICANT INFORMATION (PLEASE PRINT)

Last name:		First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.		
Is this the name on your passport? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is the name on your Passport?		(Former names):	Birth date: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Street address:			City:	Home phone no.: ()			
P.O. box:	City:		State:	Post Code:			

TRAVEL INFORMATION (PLEASE PRINT)

Dates of Travel:	Departure date: / /	Return date: / /
Destination (please list all major places of travel) :		
Do you have any pre-existing Medical Conditions <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YOU HAVE A PRE EXISTING CONDITION THEN YOU MUST SUPPLY A LETTER FROM YOUR DOCTOR STATING YOU ARE FIT TO TRAVEL.	

IN CASE OF EMERGENCY

Name relative or local friend:	Relationship:	Home phone no.: ()	Work phone no.: ()
The above information is true to the best of my knowledge.			
_____ <i>Signature of applicant or Parent/Guardian signature</i>			_____ <i>Date</i>

OFFICE USE ONLY	DATE RECEIVED:	PAYMENT DETAILS:
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