



**ISAI National Competition and Championship 2010**

**ENTRY FORM**

<b>Name of Skater</b>	<b>ISAI Membership Number/ Emerald Skate Expiry Date</b>	<b>Address</b>
<b>Address</b>	<b>Town</b>	<b>County</b>
<b>Telephone Number</b>	<b>Mobile Number</b>	<b>E Mail Address</b>
<b>Age on 1<sup>st</sup> April 2009</b>	<b>Level on 1<sup>st</sup> April 2009</b>	<b>Date NTS Passed / (list highest only)</b> Emerald Skate Level 8 (if applicable): Field Moves: Elements: Free Programme:

**Please enter the EVENT number of competition(s) you wish to enter on the table.**  
Classes maybe further divided by age depending on the number of entries.  
The event organiser reserves the right to limit entries in any one class to 24 competitors.

**PLEASE PRINT CLEARLY USING BLACK OR BLUE PEN, SEPARATE ENTRY FORMS MUST BE USED FOR INDIVIDUAL COMPETITORS**

Event Number	Entry Fee	Event Name
<b>Grand Total</b>	€	

<b>Skaters Signature</b>	<b>Parents Signature if Skater under 18yrs</b>	<b>Emergency Contact Number</b>	<b>Date</b>
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**Incomplete and illegible forms submitted will be returned without entry.**

Official Use:	Payment	Accepted	Date
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## ENTTRY FORM

### ATHLETE

I agree to conduct myself, both on and off the ice, in a manner that will reflect favourably upon this competition and upon the sport of figure skating and that is consistent with the high standards of the sport. I agree to respect the person and property of others. I agree to abide by the Rules and Regulations of ISAI

### LIABILITY

The ISAI take no responsibility for liability with respect to bodily or personal injury or property loss or damage incurred, howsoever caused, to any competitor or to any official appointed by ISAI arising out of or in connection with the activities of ISAI.

The organizer will provide medical services for all competitors and officials during warm ups and competition.

I, the undersigned skater, intending to be legally bound, hereby certify that I am physically fit and have not been otherwise informed by a Physician. It is my responsibility to notify the Competition Coordinator of any change in health condition between the entry closure date and the competition. I acknowledge that I am aware of all the risks inherent in figure skating and agree, on behalf of my self and my family, to assume those risks.

#### Authorization for Emergency Medical Treatment

In the event I am unavailable, I hereby give permission for any emergency medial diagnosis, treatment or procedure for:

Skater's Name \_\_\_\_\_ Contact Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy: \_\_\_\_\_

**Emergency medical information (allergies, pre-existing conditions, medications, etc)**

Skater's Signature:

\_\_\_\_\_  
**Signature required as acceptance and must be included in with this entry form.**

Parent/Guardian's Signature:

\_\_\_\_\_  
**Signature of participant's Parent or Guardian is required for ALL participants under 18 years of age.**

Official Use:	Payment	Accepted	Date