



## 2010 EMERALD SKATE COMPETITION ENTRY FORM

Name of Skater		ISAI Membership Number/ Emerald Skate Expiry Date
Address	Town	County
Telephone Number	Mobile Number	E Mail Address
Age on 1 <sup>st</sup> March 2010	Level on 1 <sup>st</sup> March 2010 (if applicable)	Date Passed Emerald Skate Level 8 (if applicable)
Emergency Contact	Emergency Contact Number	Relationship

**Please enter the EVENT number of competition(s) you wish to enter on the table.**

Classes may be 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.

Event No.	Event Name	Entry Fee
<b>Grand Total</b>		€

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

Official Use:	Payment	Accepted  Date
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### 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.

### Authorisation for Emergency Medical Treatment

In the event I am unavailable, I hereby give permission for any emergency medical 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