

# Singapore Ice Skating Association

Affiliated to the International Skating Union

Website: [www.sisa.org.sg](http://www.sisa.org.sg)

Form Document: 130-V2



## INTERNATIONAL COMPETITIONS 2009-2010 APPLICATION FORM

SURNAME:		FIRST NAME:		DATE OF BIRTH:	/ /
				DAY	MONTH YEAR

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

HOME ADDRESS:		POST CODE:	
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HOME No:		Handphone No.		ATHLETE EMAIL:	
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CONTACT PERSON:		RELATIONSHIP TO SKATER:		CONTACT EMAIL:		CONTACT PHONE:	
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HIGHEST SISA TEST PASSED:		COACH(ES):		CHOREOGRAPHER(S):	
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COACH(ES) CONTACT (Phone and/or Email)	
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### CONTRACT:

If chosen to represent SISA in International Competitions, I agree to the following:

1. To undertake pre-event training in a responsible and enthusiastic manner and to provide SISA with a copy of my training schedule (if requested).
2. To skate in any selection competition stipulated by SISA 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 permit the email addresses provided to be included on distribution lists and similar, for the purposes of disseminating information for athletes.
5. To submit competition forms to SISA by the specified due dates.
6. To observe and comply with anti-doping policies of the SU and WADA.

All athletes nominated to compete in international competitions will be issued a SISA 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 SISA.

SIGNATURE OF COMPETITOR OR GUARDIAN  
(IF COMPETITOR IS UNDER 18 YEARS OF AGE)

DATE: / /  
DAY MONTH YEAR

COACHES SIGNATURE

DATE: / /  
DAY MONTH YEAR

Please return completed form to the Administrative Officer

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## INTERNATIONAL NOMINATION MEDICAL QUESTIONNAIRE

Confidential

### Athlete Contact Information

SURNAME:		FIRST NAME:		DATE OF BIRTH:	/ /
				DAY MONTH YEAR	
EMAIL:		Phone No:		Passport No:	

### Next of Kin

SURNAME:		FIRST NAME:		Relationship:	
Address:		Postcode:		Phone No:	

### Medical

<b>Current Medications Dosage:</b> Per week, per day etc. Include all Inhalers, Vitamins, Tonics, Herbal Remedies etc	
<b>Allergies and Reactions</b>	

### 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

Dietary / Eating Disorders <small>(Please Specify)</small>	
Any Operations <small>(Please Specify)</small>	
Other Medical Problems <small>(Please Specify)</small>	

### 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

Have you been cleared to skate from a medical practitioner YES / NO    Are there any limitations on your training? YES / NO

If yes please specify the treatment, e.g.: physio, etc \_\_\_\_\_

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

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(IF COMPETITOR IS UNDER 18 YEARS OF AGE)

DATE: / /  
DAY MONTH YEAR

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