



Ice Skating Australia Incorporated

Affiliated to the International Skating Union

Asian Open Figure Skating Trophy 2015

For athletes seeking nomination

Nomination Form - Singles

To be completed by athletes by the 20th of June 2015

First Name	Surname	Home State
Date of birth / /	Proof of Age No	Highest ISA Test passed
Passport Number	Issuing Country	Expiry Date / /
		Start of Australian Residency (if applicable) / /
Country of Birth	City	Nationality
Home Address	Postcode	
Athlete Email	Athlete Phone	
Contact Person	Relationship to athlete	
Contact Email	Contact Phone	
Main Coach	Main Coach Email & Phone	

ATHLETE CONTRACT

If I receive an international assignment to represent Ice Skating Australia (ISA), I agree to:

1. Undertake pre-event training in a responsible & enthusiastic manner & if requested, provide ISA with a copy of my training schedule.
2. Undertake a HP Review (short and free programs) prior to assignment confirmation (if required).
3. Undergo a medical and/or injury assessment (if required by ISA CMO) for any illness or injury and supply a written report on the assessment
4. Submit competition entry forms to ISA by the specified due dates.
5. Permit the email addresses provided to be included on distribution lists and similar, for the purposes of disseminating information for athletes.
6. Observe and comply with anti-doping policies of ISA and ISU. Athletes will be added to the ASADA testing pool database.
7. Inform ISA HP or ISA JD and ISA CMO of any injuries or illnesses occurring from the assigned time until the event.

All international assignments are conditional upon athletes completing, and abiding by an ISA Athlete Agreement. 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 withdrawal from any event to which I have been assigned.

Signature of athlete

or guardian (if athlete is under 18 years of age)

Date / /

Coach's signature

Date / /

HOME STATE ASSOCIATION To be completed by State Association

Details above have been checked and are correct. I can confirm the athlete is a member of our State Association and is eligible for international events (ie. is Age Eligible, ISU Rule 108 (as per age limits commencing 1 July 2015) and meets all ISU and ISA citizenship and residency requirements to be able to represent Australia)

State Association

State Association Rep Name & Signature

Date / /

PLEASE RETURN TO HIGH PERFORMANCE (administration@isa.org.au) BY THE DUE DATE



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Medical Questionnaire

CONFIDENTIAL

This form will be forwarded directly to ISA Chief Medical Officer, Dr Asher Livingston.

CONTACT INFORMATION

Surname	<input type="text"/>	First Name	<input type="text"/>	Date of Birth	<input type="text"/>
Email	<input type="text"/>		Contact No.	<input type="text"/>	

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Surname	<input type="text"/>	First Name	<input type="text"/>	Relationship	<input type="text"/>
Email	<input type="text"/>		Contact No.	<input type="text"/>	

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	<input type="checkbox"/> YES <input type="checkbox"/> NO	Kidney problems	<input type="checkbox"/> YES <input type="checkbox"/> NO	Diabetes	<input type="checkbox"/> YES <input type="checkbox"/> NO	Migraines	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hayfever	<input type="checkbox"/> YES <input type="checkbox"/> NO	Liver problems	<input type="checkbox"/> YES <input type="checkbox"/> NO	Epilepsy	<input type="checkbox"/> YES <input type="checkbox"/> NO	Asthma	<input type="checkbox"/> YES <input type="checkbox"/> NO

Special Dietary Requirements
(Please Specify)

Any Operations
(Please Specify)

Other Medical Problems
(Please Specify)

VACCINATIONS

HEPATITIS	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, when	<input type="text"/>	TETANUS	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, date of last booster	<input type="text"/>
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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)

Signature of athlete

Date / /

Signature of parent or guardian

(if athlete is under 18 years of age)

Date / /

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