



2015/2016 International Application Form
For athletes seeking nomination to ISU Events

Athlete Contract - Singles / Pairs / Ice Dance

To be completed by athletes in the ISA International Pool by 1st July 2015
Both partners in Pairs and Ice Dance couples need to complete a separate form.

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:

- Undertake pre-event training in a responsible & enthusiastic manner & if requested, provide ISA with a copy of my training schedule.
- Undertake a HP Review (short and free programs) prior to assignment confirmation (if required).
- 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
- Submit competition entry forms to ISA by the specified due dates.
- Permit the email addresses provided to be included on distribution lists and similar, for the purposes of disseminating information for athletes.
- Observe and comply with anti-doping policies of ISA and ISU. Athletes will be added to the ASADA testing pool database.
- Inform ISA HP 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



2015/2016 International Application Form

Preference Form - Singles / Pairs / Ice Dance

Assignments to ISU International Competitions will be made by the Selection Review Panel based upon the International Competitions Nomination Criteria 2015/2016 (Singles/Pair Skating/Ice Dancing).

Please indicate **all** ISU Basic Novice A, Basic Novice B, Advance Novice, Junior or Senior ISU International Competitions that you would attend, listing them in priority. Athletes should consider travel costs and their training plans and any potential conflicts (eg. exams). Once submitted, athletes are unable to change their mind, only accept or decline their international assignment/s

Name

Junior Grand Prix Preferences - Junior athletes only

Australia has been allocated the Junior Grand Prix events below. Please list in numbered order of preference. Please also indicate ('X') for those you are unable to attend due to other commitments (eg. exams).

DATES	COMPETITION	AUSTRALIAN ENTRY QUOTA	PREFERENCES
19 - 23 Aug	Bratislava, Slovakia	No Entries	<i>No Australian entries</i>
26 - 30 Aug	Riga, Latvia	1 Ladies	
2 - 5 Sept	Colorado Springs, USA	1 Ladies, 1 Men, 1 Pairs, 1 Dance	
9 - 13 Sept	Linz, Austria	1 Ladies, 1 Men	
23 - 27 Sept	Torun, Poland	1 Pair	
30 - 4 Oct	Logrono, Spain	1 Ladies, 1 Men	
7 - 11 Oct	Zagreb, Croatia	1 Men, 1 Pair, 1 Dance	

ISU Basic Novice A, Basic Novice B, Advance Novice, Junior or Senior International Competitions

The ISU website (www.isu.org) Refer to Communication 1940 for the list of International Competitions

COMPETITIONS YOU WISH TO ATTEND	ADDITIONAL COMMENTS
List competitions (including division) in preference order	Provide details on preferred number of events or any other comments (eg. matching up events, linking with training, gain ISU TES, gain ISU World Standing pts)

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

Date / /

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



2015/2016 International Application Form
Medical Questionnaire

CONFIDENTIAL

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

CONTACT INFORMATION

Surname First Name Date of Birth

Email Contact No.

NEXT OF KIN

Surname First Name Relationship

Email Contact No.

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 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

Special Dietary Requirements
(Please Specify)

Any Operations
(Please Specify)

Other Medical Problems
(Please Specify)

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

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 / /

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