

## Skater Registration & Contact Information

Team/Division:			
<b>Parent Details (if under 18)</b>			
First Name:	Surname:		
Address:			P/Code:
Home Phone:	Mobile:		
Email:	2 <sup>nd</sup> Email:		
<b>Skater Details</b>			
First Name:	Surname:		
Address:			P/Code:
Home Phone:	Mobile:		
Skater Email:	Parent Email:		
Test Level	Double teaming YES / NO If Yes, please provide detail:		
DOB:	POA #: (please complete POA Application if required)		
BSISC #: (please complete BSISC Application if required)	ISQ#: (please complete ISQ Application if required)		
<b>Emergency Contact Details</b>			
Emergency Contact Name:			
Emergency Contact No:		Relationship:	
Medical Conditions:			
Details for Immediate Treatment for Medical Conditions:			
Signature:		Name:	