

Test and Competition Registration Form

For skaters wishing to compete in NZIFSA sanctioned championships or NZIFSA medal tests.



NEW ZEALAND ICE FIGURE SKATING ASSOCIATION, INC.

Enquiries: tcsecretary@nzifsa.org.nz

INSTRUCTIONS

- Please read the NZIFSA Privacy Policy, Constitution, and the Rules & Regulations on the NZIFSA website (www.nzifsa.org.nz/rules/).
- If you are registering for the first time please provide copies of official documents that establish your identity (name, date of birth, and citizenship/residency status). The NZIFSA reserves the right to request certified copies or to view the originals of these documents.
- Complete all sections of this form and update/correct any pre-printed information that is incorrect.
- You must be a member of a skating club affiliated to the NZIFSA before your registration can be processed.
- The registration fee is \$75.00 . **Please make payment to your home Club.** Registration is valid until 31 March the following year.
- Sign and date the form. **Return the completed form together with payment to your Club Secretary.** TC registration fees are non-refundable.

Skater's T.C. Registration Number (NZIFSA/CLUB USE ONLY)	<input type="text"/>	Fee Received	<input type="text"/>	Year :	<input type="text" value="2017"/>
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1. Enter your personal details:

Title (<i>circle answer</i>)	<input type="text" value="Miss / Mrs / Ms / Mr / Dr / other"/>
Legal First/given names	<input type="text"/>
Legal Family name/last name/surname	<input type="text"/>
Preferred First name	<input type="text"/>
Date of birth (adult skaters 25 and over enter "25+")	<input type="text"/>
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male

2. What is your citizenship/residency status in New Zealand?

NZ Citizen (born in New Zealand or granted citizenship)

NZ Permanent Resident – my country of citizenship is

Other – my country of citizenship is

3. Contact Details (most correspondence will be by email. This should be a parent's email address for skaters under 18 years of age):

Street/P.O. Box Address	<input type="text"/>		
Suburb/RD	<input type="text"/>		
City	Postal Code	<input type="text"/>	
Region/Province/State	Country	<input type="text"/>	
Daytime Phone	Evening or A/H Phone	<input type="text"/>	
Mobile	Fax	<input type="text"/>	
Parent's E-mail Address	<input type="text"/>		
Emergency Contact	Phone	<input type="text"/>	

4. Skating Information:

Test/Competition Class Standard Adult Recreational

Home Skating Club

Principal Coach

Secondary Coach Choreographer

5. Signatures: I/We agree to be bound to the NZIFSA Constitution, Code of Ethics, Policy, and the Rules and Regulations. See: www.nzifsa.org.nz/rules/

Skater/Parent	<input type="text"/>	Date	<input type="text"/>
Club Secretary	<input type="text"/>	Date	<input type="text"/>
Amount Enclosed		\$	<input type="text"/>