



Attach photo here
(Passport size)

Skaters' Development & Goal Setting Program

General Information

Date: ___/___/___

Name: _____ Male / Female (delete one)

Address: _____ Date of Birth: _____

_____ Phone No: _____

_____ Email: _____

Home Club: _____ NZIFSA T/C No: _____

Highest Stroking Medal Passed: _____

Highest Freeskate Medal Passed: _____

Current Skating Grade: _____

Coach/es: _____

Choreographer: _____

Annual Physical Consultation - Yes / No _____

Year First Started Skating: _____

Current Education - Secondary / Tertiary _____

Skaters Signature: _____

Parent / Guardian Signature (if under 18 years) _____

Coach/es Signature: _____

Achievements During the Past Year

Tests: _____

Spins: _____

Jumps: _____

My strengths are: _____

My areas for improvement are: _____

Types of Off-ice Training:

_____ No of hours per week: _____

_____ No of hours per week: _____

On-ice Training:

Winter (NZ competition season Apr – Sept) No of hours per week: _____

Summer (Oct – Mar ISU Skating season) No of hours per week: _____

Competition placement & number in grade:

NZ Nationals _____

Aus States/Nationals _____

Overseas (name of comp to be included) _____

Goals for the Upcoming Season

Tests: _____

Jumps: _____

Spins: _____

Training development: _____

Long Term Goals

Long term goals: _____

How I plan to achieve them: _____

Competitions I would like to attend in this and the following skating seasons

New Zealand:

This _____

Next _____

Australia:

This _____

Next _____

Overseas:

This _____

Next _____

Additional Notes

