

INDIVIDUAL ENTRY FORM

SKATERS INFORMATION (Please fill-out the form CAREFULLY and COMPLETELY. Make sure that the spellings are correct)

Full Name <input type="text"/>		Age <input type="text"/>	ISI Test Level <input type="text"/>
(to be printed in program and certificate)		(as of May 30, 2020)	
Rink <input type="text"/>		Birth Date (month/day/year) <input type="text"/>	
Mobile No. <input type="text"/>	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Your Email Add <input type="text"/>	
ISI Membership <input type="radio"/> Please process if for me <input type="radio"/> I'll process it on my own		Coach Name and Email <input type="text"/>	

INDIVIDUAL EVENTS

Pre Alpha—Delta	Freestyle 1-10	Figures 1-10
<input type="radio"/> Technical <input type="radio"/> Stroking	<input type="radio"/> Technical <input type="radio"/> Footwork <input type="radio"/> Artistic <input type="radio"/> Interpretive Rhythmic <input type="radio"/> Ribbon <input type="radio"/> Hoop <input type="radio"/> Ball	___ Write your level (1-10) <input type="radio"/> Figures <input type="radio"/> Free Figures <input type="radio"/> Creative Figures
<input type="radio"/> Solo Compulsories <input type="radio"/> Surprise <input type="radio"/> Dramatic Spotlight <input type="radio"/> Light Ent. Spotlight <input type="radio"/> Character Spotlight		Solo Dance 1-10 ___ Write your level (1-10)

PARTNER EVENTS

	Low (Alpha - Delta)	Med (FS 1-3)	Intermediate (FS 4-6)	High (FS 7-10)	Partner Name	Age
Jump and Spin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Couple Spotlight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
<input type="radio"/> Character <input type="radio"/> Dramatic <input type="radio"/> Light Entertainment						
Couple 1-10 Level _____	<input type="radio"/> SIM	<input type="radio"/> MIX				
Dance 1-10 Level _____	<input type="radio"/> SIM	<input type="radio"/> MIX				
Free Dance 1-10 Level _____	<input type="radio"/> SIM	<input type="radio"/> MIX				
Pair 1-10 Level _____	<input type="radio"/> SIM	<input type="radio"/> MIX				

TEAM EVENTS

☐ Yes, I am participating in a team event, please see my team registration form

REGISTRATION

COMPETITION REGULAR RATE	INSTRUCTIONS FOR PAYMENT
First Event: Php 3,500 Succeeding Event: Php 1,800 x ____ = ____ Team Event: Php 1,800 x ____ = ____ TOTAL PAYMENT Php _____ <small>*Kindly check updated PHP to USD conversion rates for international Competitors</small>	<ul style="list-style-type: none"> Kindly email back this form and your ISI test form to reg.skateph@gmail.com to receive your billing statement Bank details to where you may deposit / online bank transfer your payment will be listed in the billing statement Kindly email a copy of the deposit slip/ online payment screen cap

COACH: I declare that the information above is true, that this skater's test(s) are registered with ISIA Asia or ISI, that the skater is a current Individual or Professional Member of ISIA Asia, that this skater is skating in the proper levels and categories, and that the home rink is correct.

CLIENT: There will be **NO REFUNDS**. ISI reserves the right to limit the number of entries without notice. I skate at this competition at my own risk and hereby release ISIA Asia, the rink owners, rink management, rink staff, and event organizers from all liability for any accident or injury. I declare that the home rink listed above is the rink where I skate.

Coach Signature / Name

Date

Skater / Parent Signature

Date

ISI MEMBERSHIP TEST LEVEL PAYMENT FORM

Complete Name of Competitor / coach: _____

Rink: _____

Kindly check the levels / membership fee you'd like for us to process for you. If you have paid for previous levels all you have to check are the levels from your previous payment up to your competing level only.

Sample: Student Sophie competing for FS2 but has paid her Pre Alpha to Gamma before. All she has to check are the ff: Delta, FS1, & FS2

<input type="checkbox"/>	Pre Alpha	<input type="checkbox"/>	FS 1	<input type="checkbox"/>	FS 6	<input type="checkbox"/> New Individual Membership Fee (Please fill out the other form too)
<input type="checkbox"/>	Alpha	<input type="checkbox"/>	FS 2	<input type="checkbox"/>	FS 7	
<input type="checkbox"/>	Beta	<input type="checkbox"/>	FS 3	<input type="checkbox"/>	FS 8	
<input type="checkbox"/>	Gamma	<input type="checkbox"/>	FS 4	<input type="checkbox"/>	FS 9	
<input type="checkbox"/>	Delta	<input type="checkbox"/>	FS 5	<input type="checkbox"/>	coach	
						<input type="checkbox"/> Coaches Membership Fee
						<input type="checkbox"/> Renewal of Membership (Please fill out the other form too)
						<input type="checkbox"/> Dance

\$10 per test level

\$ 26 Annual Individual Membership Fee

PAYMENT DETAILS

You may settle your **Skate Philippines registration** payment to:

BDO Saving Account No:

000440688396

Account Name:

Christian Gabriel D. Cruz

For your **ISI Asia Membership** payment:

BDO Saving Account No:

100440689139

(Dollar Savings Account)

Acct Name:

Celene Grace M. Niguidula



ICE SKATING INSTITUTE ASIA (ISIAAsia)

Individual (Skater) Membership Application 個人會員申請表

Please check 請選擇

<input type="checkbox"/> 1-Year Membership 一年會籍 USD25 / HKD200	<input type="checkbox"/> New Member 新會員
<input type="checkbox"/> 2-Year Membership 兩年會籍 USD43 / HKD340	<input type="checkbox"/> Renewal 續會
Apply Date 申請日期 _____	ISIAAsia Membership No. 會員編號 _____

Note:

- Please write in BLOCK letters 請用正楷填寫
- Membership card and certificate will be printed according to the information filled below. HKD16 / USD2 will be charged for any re-print request. 會員卡及證書將根據以下填寫的資料印製, 重印費每張港幣十六元正或美金二元正。

Personal Information 個人資料

Last Name (Family Name) 姓氏 (英文)		First Name 名字 (英文)	
Chinese Name (if applicable) 中文姓名	Gender 性別	Birthdate 出生日期	
	Male 男 / Female 女	<div style="display: flex; justify-content: space-around;"> <div><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/></div> <div>yyyy 年 mm 月 dd 日</div> </div>	
Home Rink / Club 所屬冰場/俱樂部			
Email 電郵	Contact No. 聯絡電話	Main Coach Name 主要教練姓名	

I declare that the information above is true and complete. 本人在此聲明: 以上個人資料正確無誤

I hereby agreed that the above listed information may be used by ISIAAsia to carry out the services and ISIAAsia may publish my name and relevant membership information on the membership list of the ISIAAsia website: <https://isiasia.org>

本人同意並授權與 ISIAAsia 個人資料之使用權。ISIAAsia 網站: <https://isiasia.org>

Skater's Signature:

會員簽署 _____

Parents/Guardian's Signature:

(for skater under the age of 18)

家長/監護人簽署 (18歲以下之會員適用) _____

Send a clear copy to members@isiasia.org or mail this form to "Ice Skating Institute Asia. GPO Box No.579, Hong Kong" for membership application.

請把清晰的申請表電郵至 members@isiasia.org 或郵寄至「香港郵政總局 郵政信箱 579 號 Ice Skating Institute Asia」

v2019-01iTC