

Affiliated to the National Ice Skating Association of UK



SYNCHRONIZED SKATING ENTRY FORM
Sk8scotland Championships & Scottish National Opens
Dumfries Ice Bowl 25th October 2008



PLEASE USE A SEPARATE ENTRY FORM FOR EACH SYNCHRONIZED TEAM ENTERED

TEAM NAME		
CLUB / RINK		
CONTACT ADDRESS		
TEAM MANAGER	POST CODE:	
TEAM COACH(ES)	CONTACT TEL:	
	1. NISA No:	
	2. NISA No:	
EVENT ENTERED (Please tick)	<u>Event 46</u> Elementary (Entry £275) <input type="checkbox"/> <u>Event 47</u> Preliminary (Entry £275) <input type="checkbox"/> <u>Event 48</u> Novice (Entry £300) <input type="checkbox"/> <u>Event 49</u> Junior (Entry £300) <input type="checkbox"/> <u>Event 50</u> Senior (Entry £300) <input type="checkbox"/>	<u>Event 51</u> Adult (Entry £300) <input type="checkbox"/> <u>Event 52</u> Juvenile (Entry £300) <input type="checkbox"/> <u>Event 53</u> Intermed 1 (Entry £300) <input type="checkbox"/> <u>Event 54</u> Intermed 2 (Entry £300) <input type="checkbox"/>

Please enter team members in alphabetical order followed by alternates. It is essential details of each skater's test passes and DOB are given below; please indicate team captain with an asterisk.

SKATERS NAMES	NISA No Valid thro 26/10/08	Date of Birth dd/mm/yy	Age Before 1/7/08	Field move Test Held Before 8/9/08
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ONLY SKATERS WHOSE NAMES ARE LISTED ABOVE WILL BE ALLOWED TO SKATE.

I DECLARE THAT TO THE BEST OF MY KNOWLEDGE ALL SKATERS ABOVE ARE ELIGIBLE OR RETAINED ELIGIBLE SKATERS (If retained Eligible, have submitted the appropriate Elig. 4 and 5 forms to NISA).

Signed (Licensed Coach):	Date:	Entry Fee Cheque enclosed (Amount): £ (Payable to Sk8scotland)
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Please return this form fully completed, (including PROGRAMME CONTENT SHEET and CONSENT forms)
not later than 8th September 2008 to
 The Organiser, Sk8scotland Open Championships, Brackenlea, Lower Glenhead, Kemnay, Aberdeenshire AB51 5PR



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CONSENTS

DECLARATION: This declaration must be signed by; either the Skater if over 18 years (Scotland over 16) or a Parent / Guardian if Skater is under 18 years (Scotland under 16) must sign this by the closing date of 8th SEPTEMBER 2008 and sent in with the Official Entry Form.

I/we understand and accept that anti-doping testing may take place during this event. I/we will make ourselves available at the time and place advised, if selected. Skaters are selected according to the criteria set out in the NISA Anti-Doping Policy.

IMPORTANT IF UNDER 16: I, the parent/guardian of the skater(s) listed below, who is/are under 18 (Scotland under 16), agree to give NISA and the appointed officials working on its behalf, my permission to dope test the skater(s) entered in the above competition if so selected.

I have read and agree to abide by the rules of the event and to observe the rules and directions of the National Ice Skating Association of UK Ltd at all times. I confirm that I am in good health and have no medical condition that impede my ability to compete or be detrimental to any other competitors ability to compete or cause any harm whatsoever to any person. I understand that I participate in the 2008 Sk8scotland Synchronized Skating Championships at my own risk and that no liability is accepted by the organisers and or the Association for any death, injury, damage or loss sustained by me during this event except as may be proven to be caused by the negligence of the Association. I further confirm that should any loss, injury, death or damage result from a negligent act or omission on my part or as a result of any false information provided by me to the Association and/or the organisers then I shall fully indemnify the Association for any loss suffered as a result.

SIGNATURES MUST CORRESPOND TO THE SKATERS NUMBERS AS DETAILED ON PREVIOUS PAGE

PARENT SIGNATURE	SKATER SIGNATURE
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The Entry Form cannot be accepted unless accompanied by this form, which should contain the appropriate number of signatures to match the entrants. We agree / do not agree to the information given on this form being stored on computer for the sole use of the organisers.

Signed: **Position in Club:** **Date:**

Music

All music must be on Mini Disc or CD with the Team's name, event and the length of the music (not the skating time) clearly indicated.

Tapes will not be accepted.

Teams must ensure there is a back-up available on different media if possible



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PHOTOGRAPHY & VIDEO

IMPORTANT:

To comply with the NISA Child Protection Policy and Procedures, ALL competitors or parents / guardians if skater is under 18 years (Scotland under 16) are required to provide consent to being photographed and videoed prior to the event. By entering the event, there is an acceptance that the child/participant may be photographed, unless the photography consent form states otherwise, and images may be published by the National Ice Skating Association.

PLEASE NOTE:

Team Managers only may apply for a photography /video permit. This will permit the Team Manager or officially nominated representative to take photographs /video the named Team only. All such Team representatives must display the permit prominently and must remain within the designated photography area whilst photographing. A permit will only be granted if all team members have consented. Anyone breaking this regulation will be asked to leave the rink complex and will not be permitted to return. Accredited Press photographers and authorised NISA photographer may be in attendance.

SIGNATURES MUST CORRESPOND TO THE SKATERS NUMBERS AS DETAILED ON PAGE 1

PLEASE RETURN THIS FORM WITH ENTRY FORM

IMPLICATIONS OF CONSENT / NON CONSENT IN TEAM SKATING EVENTS

It is important to understand that should any skater/team member or their parent/guardian elect not to consent to the taking of photographs and or video, then no action photographs and/or video of the entire team may be taken. Additionally, where consent is not given, that skater or skaters will be required to remove themselves from the team prior to podium / presentation photographs.

SKATER NAME	SIGNATURE	CONSENT	NOT CONSENT
1.		<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/>	<input type="checkbox"/>
8.		<input type="checkbox"/>	<input type="checkbox"/>
9.		<input type="checkbox"/>	<input type="checkbox"/>
10.		<input type="checkbox"/>	<input type="checkbox"/>
11.		<input type="checkbox"/>	<input type="checkbox"/>
12.		<input type="checkbox"/>	<input type="checkbox"/>
13.		<input type="checkbox"/>	<input type="checkbox"/>
14.		<input type="checkbox"/>	<input type="checkbox"/>
15.		<input type="checkbox"/>	<input type="checkbox"/>
16.		<input type="checkbox"/>	<input type="checkbox"/>
17.		<input type="checkbox"/>	<input type="checkbox"/>
18.		<input type="checkbox"/>	<input type="checkbox"/>
19.		<input type="checkbox"/>	<input type="checkbox"/>
20.		<input type="checkbox"/>	<input type="checkbox"/>

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PROGRAMME CONTENT SHEET

This PROGRAMME CONTENT sheet must be completed for ALL Teams entered, and returned along with the main Entry Form. Subsequent alterations and/or errors will not cause any deductions.
 This is an educational exercise at this event

TEAM NAME			
CLUB / RINK			
TEAM MANAGER			
TEAM COACH(ES)	1.		NISA No:
	2.		NISA No:
EVENT CATEGORY (Please tick)	Elementary <input type="checkbox"/>	Adult <input type="checkbox"/>	
	Preliminary <input type="checkbox"/>	Juvenile <input type="checkbox"/>	
	Novice <input type="checkbox"/>	Intermed 1 <input type="checkbox"/>	
	Junior <input type="checkbox"/>	Intermed 2 <input type="checkbox"/>	
	Senior <input type="checkbox"/>		

ELEMENT No	TIME *	ELEMENT DETAIL
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* Time during Programme (mm:ss)