

ICE SKATING QUEENSLAND INC.
2024 NEW MEMBERSHIP APPLICATION FORM

This form is to be completed by any person wishing to join Ice Skating Queensland as a new member, or as a lapsed member wishing to rejoin. For applicants under 18 years of age, this form must be completed by their parent or legal guardian.

MEMBERSHIP TYPE & CLASS

Type of Membership Application: First-time Member _____ Previous Member Rejoining _____

Class of Membership you're applying for:

Cadet -	\$55.00	Junior	\$115.00	Social Member, Skating	\$115.00
Associate	\$115.00	Senior	\$115.00	Social Member, Non-Skating	\$65.00

If selected 'Senior', please select from the following options:

Current/former Skater _____ or Parent of Junior Member (Name: _____)

APPLICANTS DETAILS

Surname				Given Name(s)	
Gender	Female	Male	Other	Preferred Name	
Phone				Date of Birth	Age:
Email					
Residential Address				State	Postcode

EMERGENCY CONTACT (Must be Parent/Guardian if Applicant is under 18yrs old)

Full Name		Relationship to Applicant	
Email		Phone	

SKATING DETAILS

Highest ISA Test Level (or equivalent*)	<small>(Attach evidence if not ISA test, or test taken outside of Queensland)</small>		
Name of Home Club		Member No.	

MEDICAL INFORMATION

Does the Applicant require any additional support or accommodations due to any physical, learning or communication difficulties or disabilities? If yes, please provide details below.

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Does the Applicant suffer from any medical conditions that require management or may be triggered when participating in physical activity that we should be aware of? (E.g. asthma, epilepsy, diabetes, any heart conditions, or more than one concussion) If yes, please provide details below.

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ISQ Office Use Only:

Date admitted: _____ Membership No: _____ POA No: _____ ID: DB: SP: E: DL:

IMAGE CONSENT

I consent, or provide consent for the named Applicant for whom I am the legal parent or guardian, to Ice Skating Queensland and/or Iceworld Olympic Ice Rinks, contracted suppliers or media organisations to use any photograph or video recording and any other information collected from me or my child, for the purposes of advertising, media publicity, publication, general display or for any other reason relating to promoting ice skating in Queensland. Distribution of the material may occur through any medium including the internet, printed media, and other multimedia.

I waive any interest that I may have in the copyright to my image, or my child's image, now or at any future time and acknowledge that I am not, nor is my child, entitled, or shall in the future be entitled, to receive any payment or consideration in respect of it and agree to make no claim against Ice Skating Queensland for any payments for the publication of my or my child's image.

Note: If you have any questions or concerns regarding the publication of your, or your child's image or information, please contact ISQ Administration and we will do our best to support you.

AGREEMENT & ACKNOWLEDGEMENT

I acknowledge and agree that:

1. I am bound by and must comply with all Ice Skating Australia Policies, including but not limited to, the National Integrity Framework, Anti-Doping Policy, Member Protection Policy, Code of Ethics and Behaviour and Social Media Policy, which can be found here- Policies & Protocols - Ice Skating Australia / Official Website (isa.org.au)
2. I acknowledge that I am bound by these policies, and it is my responsibility to be familiar with these policies.
3. a breach of these policies could result in further action being taken, as outlined in the complaints or discipline procedures for the respective policy.

APPLICANT SIGNATURE

By signing this form, I confirm that all the information provided is true and accurate and agree to always abide by all ISQ Rules and Policies.

Signature		Date	
Name of Parent/Guardian if Applicant is under 18 years old			

MEMBER ENDORSEMENT

Per ISQ Rules, all applications, including previous members rejoining, must be proposed, and seconded by two current ISQ **Senior** Members.

Proposed by:

Signature		Date	
Full Name		ISQ #	

Seconded by:

Signature		Date	
Full Name		ISQ #	

Please email this form, a payment receipt, and a copy of the Applicant's ID document (current passport or birth certificate), as well as evidence of equivalent ISA Test or ISA Test if taken outside of QLD to: administrator@isq.org.au

Payment Details

Bank: Westpac

BSB: 034-254 Acc: 241-985

