



APPLICATION TO JOIN ICE REFLECTIONS

First name	
Surname	
Date of Birth	
Address	
Postal Address	
E-mail Address	
Home telephone number	
Do you have skating lessons	
Test or badge level	
Any previous synchronised experience	
Any injuries or disabilities	
Names of any regular medication	
Food allergies or dietary requirements	
Hunter Club Membership number	
NSWISA Membership number	
Parent/s' Names or Partner's Name if Adult	
Mobile Telephone contacts for you and/or your parent/s or partner.	
Signature (to be signed by parent if under 16 years of age)	

Any comments, questions or concerns:
