

# Ice Skating Queensland Inc.

Member of Ice Skating Australia Incorporated

## State Headquarters

Administration Office: P.O. Box 82 Archerfield Q 4108

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ABN: 332 431 382 88

## Jeremy Ten Seminar 2011

### Pre Primary to Senior Skaters

Iceworld Boondall

Thursday the 5<sup>th</sup> of May 8a.m. to 12:15p.m Evening session to be advised.

### REGISTRATION and MEDICAL FORM

SKATER'S NAME ..... Date of Birth:.....Age: .....

ISQ Membership No..... Club Membership No.:- .....

Highest Test Level:-..... Date passed.....

Competition Level 2010:- ..... Competition Level 2011:- .....

Address: ..... Post Code.....

Telephone Home:..... Mother's work ..... Fathers Work:.....

Mobile Contact during camp: ..... Email: .....

Name, relationship & address of Alternative Contact who has authority to collect or deal with the skater

Name & Relationship.....

Address.....Contact no's.....

### **MEDICAL INFORMATION CONFIDENTIAL**

Medicare Number:..... Private Health Cover details.....

Does skater have any allergies, illnesses or any condition or physical disability, or is skater taking any medication or under any type of treatment, which may prevent full involvement in this camp?  Yes  No

Do you give permission for Camp staff to administer Paracetamol while on camp:  Yes  No

Has your child been immunized against Tetanus in the last five (5) years?  Yes  No

In case of injury or illness, I hereby authorize Camp Staff to obtain any medical attention deemed appropriate, including ambulance transport, and agree to accept responsibility for any costs incurred.

I agree to my child's returning home, if necessary, in the event of illness, injury or non-co-operation, and agree to pay any expenses incurred.

It is expected that any expensive equipment your son/daughter may bring with them, will be his/her own responsibility.

Name & Relationship to Skater.....SIGNATURE.....

### **PLEASE RETURN TO THE RINK OFFICE WITH PAYMENT**

#### **Payment Options:**

I enclose the camp fee of \$ 20 (All Fees include GST) Credit Card facilities are available. Please complete credit card details.

**Credit Card Payments** Visa / Mastercard Card No: ...../...../...../..... Expiry Date: ...../..... \$.....

Name on Credit Card: ..... Cardholder Signature: .....

#### **Office Use Only:**

Receipt No: .....Date: .....

#### Ice Rinks

Iceworld Acacia Ridge:

1179 Beaudesert Road Acacia Ridge 4110

Phone: (07) 3277 7563 Fax (07) 3036 4619

Iceworld Boondall:

2304 Sandgate Road Boondall 4034

Phone: (07) 3865 1694 Fax (07) 3865 1538

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to get more Queenslanders active through sport and recreation