

## APPLICATION FOR PROOF OF AGE REGISTRATION

### INSTRUCTIONS TO SKATER

- \* Registration is required to establish ELIGIBILITY for competition/championship with age restrictions
- \* LIFETIME registration is recognized throughout Australia
- \* Completed applications should be forwarded to **“National Age Register”**  
**14 Bay-View Street,**  
**Williamstown Vic 3016**
- \* Copy to ISA, PO Box 667 Carnegie, VIC 3163
- \* NO registration fee is payable
- \* POA Number is issued as soon as practicable after receipt of VALID application
- \* UP-DATE of POA Register is issued to State Secretaries at regular intervals
- \* ENQUIRIES: **(03) 9397 5965**

### INSTRUCTIONS TO OFFICIALS

- \* BOTH parts of the application must be completed CLEARLY and in full:  
 (1) Name of Official; (2) Status of Official; (3) Name of Club or State Association  
 (4) Description of Evidence: e.g. “Birth Certificate”; “Passport”;  
 (5) Full Name of Skater; BLOCK LETTERS: (6) Clear Figures
- \* Take care with SPELLING of names
- \* Any alterations MUST be initialed
- \* Any Club, State or National OFFICIAL not related to skater or skater’s coach may certify

#### **PART 1**

I (1) \_\_\_\_\_ BEING (2) \_\_\_\_\_  
 OF THE (3) \_\_\_\_\_ HAVE SIGHTED THE  
 (4) \_\_\_\_\_ OF (5) \_\_\_\_\_  
 AND CONFIRM THAT THE DATE OF BIRTH SHOWN THEREON IS (6) \_\_\_\_\_  
 I AM NOT RELATED TO THE SKATER NAMED, OR TO HIS/HER COACH  
 SIGNATURE OF THE FIRST PERSON SIGHTING \_\_\_\_\_

#### **PART 2**

I (1) \_\_\_\_\_ BEING (2) \_\_\_\_\_  
 OF THE (3) \_\_\_\_\_ HAVE SIGHTED THE  
 (4) \_\_\_\_\_ OF (5) \_\_\_\_\_  
 AND CONFIRM THAT THE DATE OF BIRTH SHOWN THEREON IS (6) \_\_\_\_\_  
 I AM NOT RELATED TO THE SKATER NAMED, OR TO HIS/HER COACH  
 SIGNATURE OF THE SECOND PERSON SIGHTING \_\_\_\_\_

#### OFFICIAL USE ONLY

DATE RECEIVED	QUERIES	RESULTS	NO. ISSUED