

# 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 application should be forwarded to NSWISA, PO Box 199 Glebe, 2037, NSW
- 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: 02-9552 3676

## 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) Date of Birth, CLEAR FIGURES
- Take care with spelling of names
- Any alterations MUST be initialed
- Any club, State or National OFFICIAL not related to skater or skaters coach may certify

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### 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 FIRST PERSON SIGHTING: \_\_\_\_\_

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### 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 FIRST PERSON SIGHTING: \_\_\_\_\_

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OFFICIAL USE:

Date Received

Queries

Result

No. Issued