



# ISI Synchronized Team Membership Form 2024-2025



**A Synchronized Team Membership is for synchro teams whose home rink is NOT an ISI Administrative member.**

This membership will allow this team to be registered with the ISI National office and eligible to compete at local or national ISI competitions. The individual skaters on this team **MUST** be ISI skating members (\$18/skater annually), and the coach of this team **MUST** be an ISI professional member (\$95/coach annually).

This form is for Synchronized Teams only to register membership for the 2024-25 skating season ending 8/31/25. Membership is **\$99 PER TEAM.**

All teams may designate a Team Manager so that they receive a background check and are eligible to receive a competition credential to be with that team at ISI National Events. An additional \$25 per individual is required if more team managers are needed. All team members will receive an "ISI Team Member" patch and a crescent patch for the 2024-25 season. The coach will receive a complimentary copy of the latest ISI Handbook.

Team Name (Please Print) \_\_\_\_\_ Previous ISI Team # \_\_\_\_\_

Team Contact \_\_\_\_\_ Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Team Mailing Address – This address is for: Rink / Coach / Contact (circle one) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Rink Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Team Coach Name \_\_\_\_\_ New coach this year? Yes or No

ISI Professional # \_\_\_\_\_ Exp. Date \_\_\_\_\_ ISI Certification Level \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Team Manager Name \_\_\_\_\_

ISI Member # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

This team plans to compete in BOTH ISI and USFS competitions this season Yes \_\_\_\_\_ No \_\_\_\_\_

**TEAM DIVISION:**

- SYNCHRONIZED FORMATION
- SYNCHRONIZED SKATING
- SYNCHRONIZED DANCE
- ADVANCED FORMATION

**AGE CATEGORY:** (Age as of **July 1, 2024**) If there is no majority age group, the team must register at the next higher age category.

- TOT Majority 6 yrs. & under
- JR. YOUTH Majority 8 yrs. & under
- YOUTH Majority 9-11 yrs.
- SR. YOUTH Majority 12-14 yrs.
- TEEN Majority 14-19 yrs.
- ADULT Majority 20 yrs. & older
- MASTER Majority 40 yrs. & older
- COLLEGIATE Majority 18-25 yrs

**TOTAL NUMBER OF SKATERS:** \_\_\_\_\_ (Please list all skaters on the Roster provided below)

**Scan/Email this form and include credit card details below**

ISI phone: 972-735-8800 / E-mail: [liz@skateisi.org](mailto:liz@skateisi.org)

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_ Tel. (must be included) \_\_\_\_\_

Card Billing Address – including City / State / Zip \_\_\_\_\_ E-mail \_\_\_\_\_

## **2024-25 ISI Synchronized Team Registration**

*(Use this form or attach current team roster with this information)*

Skaters who need an ISI individual membership can register as individuals online at our website. For multiple memberships, please use the skater membership spreadsheet that lists all the required information; the office will process them along with this synchro team membership.

<b><u>Skater Name</u></b>	<b><u>ISI #</u></b>	<b><u>Expiration Date</u></b>	<b><u>Age as of 7-1-2024</u></b>
1 _____			
2 _____			
3 _____			
4 _____			
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24 _____			

I certify that all the information listed on this Synchronized Skating Team Membership Form is true and accurate.

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Signature of Team Coach