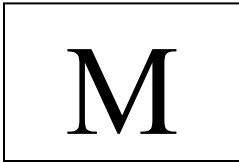




ISI Synchronized Team Membership Form 2025-2026



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 (\$100/coach annually).

This form is for Synchronized Teams only to register membership for the 2025-26 skating season ending 8/31/26. Membership is **\$99 PER TEAM.**

All teams may designate a Team Manager, who will then receive a background check and be eligible to receive a competition credential to accompany the 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 2025-26 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, 2025) 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

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

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

2025-26 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.

<u>Skater Name</u>	<u>ISI #</u>	<u>Expiration Date</u>	<u>Age as of 7-1-2025</u>
1 _____			
2 _____			
3 _____			
4 _____			
5 _____			
6 _____			
7 _____			
8 _____			
9 _____			
10 _____			
11 _____			
12 _____			
13 _____			
14 _____			
15 _____			
16 _____			
17 _____			
18 _____			
19 _____			
20 _____			
21 _____			
22 _____			
23 _____			
24 _____			

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

Signature of Team Coach