# 2025-2026 ISI Synchronized Team Registration Form

T

This form is for Synchronized Teams only to register for the 2025-26 skating season. (Ending 8/31/26). The registration fee is $25 PER TEAM *(not per skater).*

All teams may designate a Team Manager, who will then receive a background check and be eligible to receive a competition credential to be with that team. An additional $25 per individual is required if more team managers are needed. All team members will receive a crescent patch for the 2025-26 season. All new team members will also receive an *"ISI Team Member"* patch during their first season on the team.

**Team Name (Please Print)** **Previous ISI Team #**

**Team Contact** **Phone #** **E-mail**

**Name of Home Rink** *(Must be current ISI Administrative Member Facility / Club / School)*

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

**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_____
This team has competed in a USFS national event at the Novice level or above in the past 2 years Yes_____ No_____

**TEAM DIVISION:**

*Note: If all the same skaters on this team skate in more than one division on the same team name, please mark all divisions that apply. If there are different names for different division teams, then a separate form & additional team fee is required for each team.*

- ❑ 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:*** _____ ***# New Skaters*** _____ ***# Returning Skaters*** _____

***Scan/Return this form***

**ISI / Tel: 972-735-8800**
**e-mail:** liz@skateisi.org

Card # Cardholder Signature

Card Exp Date Card Billing Zip Code Card Security No

Phone No _____ Email Address_____

# 2025-26 ISI Synchronized Team Registration

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

| | Skater Name | ISI # | Expiration Date | Age as of 7-1-2025 |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |
| 15 | | | | |
| 16 | | | | |
| 17 | | | | |
| 18 | | | | |
| 19 | | | | |
| 20 | | | | |

Team Manager(s): _____

_____

Additional:

**Team Coach Name** _____ ***New coach this year? Yes or No***

ISI Professional #_____ Exp. Date_____ ISI Certification Level_____

Phone _____ E-mail_____