



## Affidavit for Test Level Review

*This form must be completely filled-out and include the required signatures. It is to be used by adult skaters (21 yrs. & over) that are requesting a review of their current ISI test & competition level. Some examples might include:*

- a) Passing freestyle tests at a younger age and can no longer do those maneuvers.*
- b) Recent surgery or other ailment that might make the performance of the previous test level impossible.*

*This form must be received by the ISI national office at least 30 days prior to the entry deadline for any local, district or national competition. If approved, the skater will receive written approval by mail and the skater's test level will be lowered in the ISI database to the approved level. If the skater wishes to compete at a higher test level again, the skater must re-test according to normal ISI testing standards.*

*Skater's Name:* \_\_\_\_\_ *ISI #* \_\_\_\_\_

*Birthdate:* \_\_\_\_\_ *Current Age:* \_\_\_\_\_ *M* *F*

*Home Rink/Club/School:* \_\_\_\_\_ *E-mail address:* \_\_\_\_\_

*Address:* \_\_\_\_\_ *Tel:* \_\_\_\_\_

*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip:* \_\_\_\_\_

*Current test level:* \_\_\_\_\_ *Date passed:* \_\_\_\_\_ *Requested test level:* \_\_\_\_\_

*Date of competition:* \_\_\_\_\_ *Entry deadline:* \_\_\_\_\_ *Location:* \_\_\_\_\_

*Reason & details for requesting level review:* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*I confirm and attest that I am no longer able to complete the requirements for my current ISI test level.*

\_\_\_\_\_  
*Skater signature & date*

*Coach Name:* \_\_\_\_\_ *Professional #* \_\_\_\_\_

*I certify and confirm that this skater is truly unable to complete the current test level requirements to compete at his/her test level. I further confirm that the requested level above better matches the true skating ability level of this skater.*

\_\_\_\_\_  
*Coach signature*

\_\_\_\_\_  
*Date*

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