

# INTERNATIONAL SKATING UNION

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## ISU WITHDRAWAL NOTIFICATION FORM

NAME: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

DATE: \_\_\_\_\_ EVENT: \_\_\_\_\_

ISU MEDICAL ADVISOR: \_\_\_\_\_

TEAM PHYSICIAN/OFFICIAL \_\_\_\_\_

CHIEF MEDICAL OFFICER: \_\_\_\_\_

Reason for Withdrawal: \_\_\_\_\_

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\_\_\_\_\_  
Skater Name

\_\_\_\_\_  
Skater Signature

\_\_\_\_\_  
Team Official Name

\_\_\_\_\_  
Team Official  
Signature

\_\_\_\_\_  
Chief Medical  
Officer Name

\_\_\_\_\_  
Chief Medical  
Officer Signature

\_\_\_\_\_  
ISU Medical Advisor  
Name

\_\_\_\_\_  
ISU Medical  
Advisor Signature