



Roller Skating Association Judge Panel Registration

NEW JUDGES PANEL REGISTRATION

TO BE COMPLETED BY RSA NATIONAL OFFICE:

Panel Chairperson		Panel ID #	
Panel Secretary/Advisor			

Please complete all information pertaining to the elected Panel Chairperson and Panel Secretary/Advisor.

PANEL CHAIR/ADVISOR INFORMATION	Panel Chairperson		Current RSA Judge #	
	Mailing Address			
	City	State		Zip Code
	Email Address	Best Phone Number		
	Panel Secretary/Advisor		Current RSA Judge #	
	Mailing Address			
	City	State		Zip Code
	Email Address	Best Phone Number		

Judges Panels MUST be established/registered to an RSA Member Rink. Please complete all information pertaining to the rink from which you will be operating.

RINK DETAILS	Rink Name		Rink ID	
	City	State		Zip Code
	Operator's Name	Rink Email:		

COMMISSIONS	What is the highest RSA Judge Commissions currently held within your panel?			
	American Dance		Figures	Speed
	Intl Dance		Freestyle	

Please list your Panel Members information below (do not include Chairperson or Secretary/Advisor)

PANEL MEMBERS	Member's Name	RSA Judge ID #	Member's Name	RSA Judge ID #

Roller Skating Association Achievement Test Judges are organized at the rink level into Judge Panels. The Judge Panel's focus is to recruit and train RSA Judges. All RSA Judges must register their commissions yearly with the RSA in order to judge achievement tests performed in RSA member rinks. The Panel Chairperson's responsibility is to ensure all their panel judges are registered and in good standing with the RSA. All RSA judges must be at least 15 years of age.

I understand that by providing my mailing address, email address, telephone and fax number, I consent to receive communications sent by or on behalf of the Roller Skating Association International and its subsidiaries or an agent working on behalf of the RSA, including all RSA Chapters and Sections. I understand that in accordance with their Privacy Statement, the RSA will not share my phone, fax or email address with a non-related third party without prior written authorization, as expressed in the Telephone Consumer Protection Act and all subsequent revisions. Further, I understand that I can revoke this consent by contacting the RSA in writing and allowing them 90 days to change my status with all subsidiaries and agents with whom I contract.

I agree that my name entered on this contract affirms my consent.

Chairperson's Signature: _____ Date: _____