



Impaired Skating Questionnaire

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The purpose of this questionnaire is to identify potential skaters who may benefit from the development of events and programmes for skaters with any form of disability. Ultimately it is hoped that this information could provide a basis for ice skating to become a paralympic sport.

1. Do you support Inclusive Skating's aims? *

- Yes
- No

2. What is your interest in Inclusive Skating? *

3. How did you hear about Inclusive Skating? *

You may wish to fill this form in on your own behalf or that of an Impaired Skater.

4. Do you want to compete as a Skater?

- Yes
- No

If No, go to question 12

5. Which ice discipline(s) are you interested in?

- Free
- Ice Dance
- Speed Skating
- Synchro
- Other

Please select

6. How long have you been skating?

7. How many hours a week on average do you train?

- 1-3 hours
- 4-7 hours
- 8+ hours

8. Please state the nature of your impairment(s)

9. Who is your home Ice Skating Association or Federation?

10. What level of badges/qualifications have you achieved?

11. Can you land jumps?

- No
- Single
- Double
- Triple

12. Do you want to join Inclusive Skating's mailing list?

- Yes
- No

This will enable us to keep you updated on the latest news/events etc.

Email *

Enter Email

Confirm Email

Name *

First

Last

Date of Birth

Parent or Guardian if under 18

First

Last

Address

Postcode/Zipcode

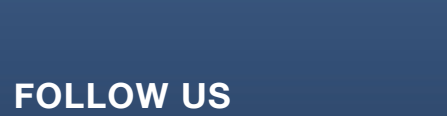
County/Province/State

Country

Please take this opportunity to tell us what we are doing right/wrong or if you have any ideas or suggestions.

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