



**2012 SKATE CANADA MANITOBA STARSKATE CENTRAL PLAINS & PEMBINA VALLEY REGIONAL
COMPETITION JANUARY 21ST, 2012- ALTONA, MB**

Name:	Home Phone:
	Email:
Address: City/Town: Prov: Postal Code:	Parents Name: Work Phone:
Age (as of Oct 1, 2011): Birthday: M D Y Gender: M ___ F ___ Please bring birth certificate to event	Skate Canada Number:
Home Club: Club Number:	Highest Test Passed (as of November 15, 2011): Free Skate: Interpretive: Skills:
Club Test Chair Signature	
Coach Name: Address:	Phone: Email:
As a Professional Coach I acknowledge all the information presented and the event(s) entered are correct.	
Coach Signature	Date

Free Skate	Short/ Compulsory Program/Elements	Spins	Interpretive
<input type="checkbox"/> Gold <input type="checkbox"/> Senior Silver <input type="checkbox"/> Junior Silver <input type="checkbox"/> Senior Bronze <input type="checkbox"/> Junior Bronze 10 & under <input type="checkbox"/> Junior Bronze 11 & over <input type="checkbox"/> Preliminary 9 & under <input type="checkbox"/> Preliminary 10 & over <input type="checkbox"/> Pre-Preliminary 8 & under <input type="checkbox"/> Pre-Preliminary 9 & over	<input type="checkbox"/> Junior Silver/Senior Silver/Gold Combined <input type="checkbox"/> Senior Bronze <input type="checkbox"/> Junior Bronze <input type="checkbox"/> Preliminary <input type="checkbox"/> Pre-Preliminary <input type="checkbox"/> Entry Level	<input type="checkbox"/> Gold/Senior Silver <input type="checkbox"/> Junior Silver <input type="checkbox"/> Senior Bronze <input type="checkbox"/> Junior Bronze <input type="checkbox"/> Preliminary <input type="checkbox"/> Pre-Preliminary	<input type="checkbox"/> Gold <input type="checkbox"/> Silver <input type="checkbox"/> Bronze <input type="checkbox"/> Introductory <input type="checkbox"/> Pre-Introductory Program Title:
	Improv	Creative Skills	
	<input type="checkbox"/> Junior <input type="checkbox"/> Intermediate <input type="checkbox"/> Senior	<input type="checkbox"/> Gold Creative <input type="checkbox"/> Silver Creative <input type="checkbox"/> Bronze Creative	

It is understood and agreed that Skate Canada, host committee or volunteers shall not be liable for injury or loss occasioned by the Athlete while traveling to or from or during the 2012 Skate Canada Manitoba STARSkate Central Plains & Pembina Valley Regional Competition, nor shall Skate Canada, host committee or volunteers be responsible for any damages or losses caused by the athlete during the same time. The Athlete and/or Athlete's parent(s)/legal guardian agrees to indemnify Skate Canada and hold it harmless from any claims or demands in respect of such loss or damage.

Participant Signature _____ Parent Signature (if under the age of 18) _____ Date _____

The undersigned athlete or legal guardian hereby consents and grants the rights to Skate Canada Manitoba or authorized parties the use of performances, name, biography, likeness, videos and photos of you or your child. You hereby agree that Skate Canada is entitled to the exclusive and perpetual right to the copyright of these pictures and videos and that all right, title and interest in the pictures and videos, and all proceeds from the display, use, distribution or otherwise of same is the sole property of Skate Canada Manitoba.

Participant Signature _____ Parent Signature (if under the age of 18) _____ Date _____

Competition Fees	1 st Event (\$35.00)	\$ _____
	Additional Events (#events x \$15)	\$ _____
	Total	\$ _____

Make cheques payable to Altona Figure Skating Club: Return COMPLETE registration forms to:
Altona Figure Skating Club Box 1425 Altona, MB R0G 0B0

Registrations must be received no later than **December 15, 2011**. Late or incomplete entries WILL NOT be accepted.
Post-dated cheques will not be accepted. NO REFUNDS after closing date of entries.



2012 Skate Canada Manitoba STARSkate Central Plains & Pembina Valley Regional Competition Pair Event Registration January 21st, 2012 Altona, MB

FEMALE	Name:	MALE	Name:
Address:(Street, Box, City/Town, Prov./State, Postal/Zip Code)	Home Phone: Parents Name: Work Phone: Email:	Address:(Street, box, City/Town, Prov./State, Postal/Zip Code)	Home Phone: Parents Name: Work Phone: Email:
Age (As of Oct 1, 2011): Birthday: M D Y Please bring birth certificate to event.	Skate Canada Number:	Age (As of Oct 1, 2011): Birthday: M D Y Please bring birth certificate to event.	Skate Canada Number:
Home Club: Club Number: <hr/>	Highest Test Passed: (as of Nov 15, 2011) Pair:	Home Club: Club Number: <hr/>	Highest Test Passed: (as of Nov 15, 2011) Pair:
Club Test Chair Signature		Club Test Chair Signature	
Coach Name:		Phone:	
As a Professional Coach I Acknowledge all the information presented and the event(s) entered are correct.			
Coach Signature		Date	
Events <input type="checkbox"/> Open Pairs			

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Participant Signature	Parent Signature (if under the age of 18)	Date	Participant Signature	Parent Signature (if under age of 18)	Date
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Participant Signature	Parent Signature (if under the age of 18)	Date	Competition Fees:		\$ _____
Participant Signature	Parent Signature (if under the age of 18)	Date	First Event - \$35.00/couple		\$ _____
Participant Signature	Parent Signature (if under the age of 18)	Date	Additional Events (# of events x \$15)		\$ _____
Participant Signature	Parent Signature (if under the age of 18)	Date	Total		\$ _____

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2012 Skate Canada Manitoba STARSkate Central Plains & Pembina Valley Regional Competition Dance Event Registration January 21st, 2012

Altona, MB

FEMALE		MALE	
Name:		Name:	
Address:(Street, box, City/Town, Prov./State, Postal/Zip Code)		Address:(Street, box, City/Town, Prov./State, Postal/Zip Code)	
Home Phone:		Home Phone:	
Parents Name:		Parents Name:	
Work Phone:		Work Phone:	
Email:			
Age (As of Oct 1, 2011):		Age (As of Oct 1, 2011):	
Skate Canada Number:		Skate Canada Number:	
Birthday: M D Y Please bring birth certificate to event.		Birthday: M D Y Please bring birth certificate to event.	
Home Club:		Home Club:	
Club Number:		Club Number:	
Highest Test Passed: (as of Nov 15/11)		Highest Test Passed: (as of Nov 15/11)	
Dance:		Dance:	
Club Test Chair Signature		Club Test Chair Signature	
Coach Name:		Phone:	
As a Professional Coach I Acknowledge all the information presented and the event(s) entered are correct.			
Coach Signature		Date	
Events <input type="checkbox"/> Preliminary <input type="checkbox"/> Senior Bronze <input type="checkbox"/> Senior Silver <input type="checkbox"/> Junior Bronze <input type="checkbox"/> Junior Silver <input type="checkbox"/> Gold			

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Participant Signature

Parent Signature (if under the age of 18)

Date

Participant Signature

Parent Signature
(if under age of 18)

Date

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Participant Signature

Parent Signature (if under the age of 18)

Date

Competition Fees:

First Event - \$35.00/couple

\$ _____

Additional Events (# of events x \$15)

\$ _____

Participant Signature

Parent Signature (if under the age of 18)

Date

Total

\$ _____

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