



**2012 SKATE CANADA MANITOBA STARSKATE EASTMAN REGIONAL COMPETITION  
JANUARY 15<sup>TH</sup>, 2012- ILE DES CHENES, MB**

Name:	Home Phone:
Address: City/Town: _____ Prov: _____ Postal Code: _____	Email: 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: _____  Club Test Chair Signature _____	Highest Test Passed (as of November 15, 2011):  Free Skate: Interpretive: Skills:
Coach Name: _____ Phone: _____ Address: _____ Email: _____	
<b>As a Professional Coach I acknowledge all the information presented and the event(s) entered are correct.</b>	
Coach Signature _____	Date _____

Free Skate	Short/ Compulsory Program/Elements	Adult Interpretive	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  <b>SPINS</b> <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"/> 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  <div style="text-align: center;"><b>Adult Free Skate</b></div> <input type="checkbox"/> Adult Bronze <input type="checkbox"/> Adult Silver <input type="checkbox"/> Adult Gold <input type="checkbox"/> Adult Masters	<input type="checkbox"/> Adult Pre-Introductory <input type="checkbox"/> Adult Introductory <input type="checkbox"/> Adult Bronze <input type="checkbox"/> Adult Silver <input type="checkbox"/> Adult Gold Program Title: _____  <b>IMPROV</b> <input type="checkbox"/> Senior <input type="checkbox"/> Intermediate <input type="checkbox"/> Junior  <div style="text-align: center;"><b>Creative Skills</b></div> <input type="checkbox"/> Gold Creative <input type="checkbox"/> Silver Creative <input type="checkbox"/> Bronze Creative	<input type="checkbox"/> Gold <input type="checkbox"/> Silver <input type="checkbox"/> Bronze <input type="checkbox"/> Introductory <input type="checkbox"/> Pre-Introductory Program Title: _____  _____  _____

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 Eastman 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 \_\_\_\_\_

<b>Competition Fees</b>	1 <sup>st</sup> Event (\$35.00)	\$ _____	
	Additional Events (#events x \$10)	\$ _____	
	Total	\$ _____	

Make cheques payable to Lorette Figure Skating Club: Return COMPLETE registration forms to: Lorette Figure Skating Club Box 222 Lorette, MB ROA 0Y0 Registrations must be received no later than **December 16, 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 Eastman Regional Competition Pair Event Registration**

**January 15<sup>th</sup>, 2012**

**Ile des Chenes, MB**

<b>FEMALE</b>		<b>MALE</b>	
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:		Email:	
Age (As of Oct 1, 2011):		Age (As of Oct 1, 2011):	
Birthday: M    D    Y Please bring birth certificate to event.		Birthday: M    D    Y Please bring birth certificate to event.	
Skate Canada Number:		Skate Canada Number:	
Home Club:		Home Club:	
Club Number:		Club Number:	
Highest Test Passed: (as of Nov 15, 2011)		Highest Test Passed: (as of Nov 15, 2011)	
Pair:		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	
<b>Events</b>			
<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	<b>Competition Fees:</b>	
_____ Participant Signature	_____ Parent Signature (if under the age of 18)	_____ Date	First Event - \$35.00/couple	\$ _____
			Additional Events (# of events x \$10)	\$ _____
			Total	\$ _____

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## 2012 Skate Canada Manitoba STARSkate Eastman Competition Dance Event Registration

January 15<sup>th</sup>, 2012

Ile des Chenes, MB

<b>FEMALE</b>	Name:	<b>MALE</b>	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:
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:  Club Test Chair Signature	Highest Test Passed: (as of Nov 15/11)  Dance:	Home Club:  Club Number:  Club Test Chair Signature	Highest Test Passed: (as of Nov 15/11)  Dance:
Coach Name:		Phone:	
As a Professional Coach I Acknowledge all the information presented and the event(s) entered are correct.			
Coach Signature		Date	
<b>Events</b> <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	<b>Competition Fees:</b>	
Participant Signature	Parent Signature (if under the age of 18)	Date	First Event - \$35.00/couple	\$ _____
			Additional Events (# of events x \$10)	\$ _____
			<b>Total</b>	\$ _____

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