



**2012 SKATE CANADA MANITOBA STARSKATE PARKLAND REGIONAL COMPETITION
JANUARY 22ND, 2012- STE. ROSE, 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: 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 Parkland 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 (\$25.00)	\$ _____	
	Additional Events (#events x \$10)	\$ _____	
	Total	\$ _____	

Make cheques payable to Ste. Rose Skating Club: Return COMPLETE registration forms to:
Ste. Rose Skating Club Box 208 Ste. Rose, MB R0L 1S0

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 Parkland Regional Competition Pair Event Registration January 22nd, 2012 Ste. Rose, 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: Club Test Chair Signature	Highest Test Passed: (as of Nov 15, 2011) Pair:	Home Club: Club Number: Club Test Chair Signature	Highest Test Passed: (as of Nov 15, 2011) Pair:
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 - \$25.00/couple	\$	_____
			Additional Events (# of events x \$10)	\$	_____
			Total	\$	_____

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2012 Skate Canada Manitoba STARSkate Parkland Competition Dance Event Registration

January 22nd, 2012

Ste. Rose, 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:
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	
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 - \$25.00/couple

\$ _____

Additional Events (# of events x \$10)

\$ _____

Participant Signature

Parent Signature (if under the age of 18)

Date

Total

\$ _____

Make cheques payable to Ste. Rose Skating Club: Return COMPLETE registration forms to:
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