

**Pre-Registration for 2011 - 2012**

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A non-refundable pre-registration fee of \$25 per skater, unless program is cancelled.

Please make cheques payable to **SANDY KAINE** / Receipts issued for **CASH** payments.

Mailing Address: 161 Gleneagles View, Cochrane, Alberta T4C 1W2

Contact: Brian/Sandy

(403) 932-5257

PLEASE **PRINT** when filling in form

**REGISTRANT INFORMATION - 1:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Programs:  StarSkate  CanSkate  Power

DD MM YYYY

Skate Canada #: \_\_\_\_\_ Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Last complete test passed: \_\_\_\_\_

CANSKATE - Last complete badge passed: \_\_\_\_\_

Alberta Health Care #: \_\_\_\_\_ Gender:  Male  Female

**PARENT/GUARDIAN'S INFORMATION:**

Mother/Guardian: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax #: \_\_\_\_\_

Father/Guardian: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax #: \_\_\_\_\_

Please note these are requested ice times and will not be finalized till arenas let us know.

<b>Cochrane</b>			<b>Calgary</b>		
<b>All are P.M. Sessions</b>			<b>All are P.M. Sessions</b>		
	Thursday	Power**(1) & (2) 4:15 - 5:00		Monday	Power (1) 5:15 - 6:00
	Thursday	Power** (2) & (3) 5:00 - 5:45		Monday	Power (2) 6:00 - 6:45
	Friday	Star/Can Skate 2:30 - 3:15		Monday	Power (3) 7:00 - 8:00
				Wednesday	CanSkate 6:30 - 7:15

**Power:**

- (1) Pre-power/Initiation/Timbit/Novice - coach's discretion
- (2) (High) Novice/Atom - coach's discretion
- (3) Pee wee and above - coach's discretion

**Please note you can register for more than one session.**