REGISTRANT INFORMATION - 2:

Last Name: _____ _____ Initial: _____

Address: _____

Programs: ☐ StarSkate ☐ CanSkate ☐ Power

Skate Canada #: _____ Birth date: DD _____ / MM _____ / YYYY _____

Last complete test passed: _____

CANSKATE - Last complete badge passed: _____

Alberta Health Care #: _____ Gender: ☐ Male ☐ Female

REGISTRANT INFORMATION - 3:

Last Name: _____ _____ Initial: _____

Address: _____

Programs: ☐ StarSkate ☐ CanSkate ☐ Power

Skate Canada #: _____ Birth date: DD _____ / MM _____ / YYYY _____

Last complete test passed: _____

CANSKATE - Last complete badge passed: _____

Alberta Health Care #: _____ Gender: ☐ Male ☐ Female

REGISTRANT INFORMATION - 4:

Last Name: _____ _____ Initial: _____

Address: _____

Programs: ☐ StarSkate ☐ CanSkate ☐ Power

Skate Canada #: _____ Birth date: DD _____ / MM _____ / YYYY _____

Last complete test passed: _____

CANSKATE - Last complete badge passed: _____

Alberta Health Care #: _____ Gender: ☐ Male ☐ Female