*Insert all local All STAR Seminar Information here. This should include Seminar Date, location and times. May include Clinician bio information and any other details skaters should know when registering.* .

**Registration Fee: $**

**Registration Deadline**

**Name:**             **Gender:**  **Skate Canada Number**:      **Age:**

Last First

**Skater Address:**

 Street Number Street Name City Postal Code

**Phone Number:**       **Email address:**

**Coaches Name**:

**Home Club**:

**Highest Test Passed:**

**Total Fee Enclosed: $**

Permission is granted for my son / daughter to participate in the All STAR Seminar. I understand that skaters waive all claims for injury and liabilities for damage or loss.

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Parent Signature Date

Registration is not complete without payment.

Registration must be received by **.**

**Make cheque payable to** **.**

No post-dated cheques will be accepted. **No refunds after deadline.**

Send complete registration form (including registration fee) to: