



CPA BROSSARD REGISTRATION 2010-2011

(SEPTEMBER 10, 2010 - MARCH 13, 2011)

REGISTRATION FORM: PP 3-5, PP 5+ & STAR GROUP

REGISTRATION: AUGUST 11 & 18, 2010 at CS BELL from 7:00 pm - 9:00 pm

PATINAGE PLUS (PP 3-5): LAST BADGE RECEIVED →			
PATINAGE PLUS (PP 5+): LAST BADGE RECEIVED →			
STAR GROUP: LAST TEST COMPLETED →	SKILLS	DANCE	FREE STYLE

LAST NAME				FIRST NAME			
ADDRESS						POSTAL CODE	
FEMALE	MALE	DATE OF BIRTH:	DAY	MONTH	YEAR		
HOME TELEPHONE () -				CELL TELEPHONE () -			
MEDICARE NUMBER							EXP. (YYYY/MM)
SERVICARD NUMBER	Q	B	D	O	O	4	EXP. (YYYY/MM/DD)
MOTHER'S NAME	WORK TELEPHONE			e-mail			
FATHER'S NAME	WORK TELEPHONE			e-mail			
SKATE CANADA CARD NUMBER							

ALL BROSSARD RESIDENTS MUST PROVIDE THE FOLLOWING AT REGISTRATION:

- a) A completed registration form
- b) A photocopy of skater's VALID Servicarte
- c) A photocopy of a VALID driver's license (proof of residence)
- d) Two (2) completed medical forms

ALL NON-RESIDENTS OF BROSSARD MUST PROVIDE THE FOLLOWING AT REGISTRATION:

- a) A completed registration form
- b) Name of home club: _____
- c) A photocopy of skater's VALID Access Card
- d) A photocopy of a VALID driver's license (proof of residence)
- e) A photocopy of skater's Skate Canada Card
- f) Two (2) completed medical forms

NOTE: All non-residence are required to pay double (2X) the registration fee

SKATER'S NAME: _____ E-MAIL: _____

PLEASE CHOOSE FROM THE BLOCKS LISTED BELOW BY HIGHLIGHTING BLOCK OF INTEREST WITHIN THE CATEGORIES

(3 - 5 YRS OLD) PATINAGE PLUS (PP) ↓	(5 YRS OLD +) PATINAGE PLUS (PP) ↓ (CHOOSE ONE)	(LEVEL 6 BADGE & HIGHER) STAR GROUP ↓
BLOCK 14: (3-5 YRS OLD) SATURDAY @ 4 Glaces / Ice B 8H15-9H00 <i>*Please dress your child warmly; provide with water resistant gloves, pants and helmet (bicycle type is fine). You must come with properly fitted and sharpened skates.</i>	BLOCK 8: FRIDAY @ CS Bell / 16H20-17H20 BLOCK 9: FRIDAY @ CS Bell / 17H30-18H30 BLOCK 15: SATURDAY @ 4 Glaces / Ice B / 9H05-10H05 BLOCK 16: SATURDAY @ 4 Glaces / Ice B / 10H15-11H15	BLOCK 10: FRIDAY @ CS Bell / 18H40-19H40 (Free Style) AND BLOCK 23: SUNDAY @ 4 Glaces / Ice C / 9H35-10h45 (Dance & Skill)

Registration Fees

(A) For PP (3-5 yrs.) = \$170 For PP (5 yrs +) = \$185 For Star Group = \$290

PLUS

(B) EQUIPE DE PERFECTIONEMENT COURSE (FOR PP BADGE 4 AND UP) = \$150

Offered on Sunday at 4 Glaces (Ice C) between 7h00-8h05 and 8h15-9h20 (Groups will alternate during the season) - (Must be registered as a full time skater for CPAB in order to be eligible)

PLUS

(C) PP 5 yrs + - UNIFORM REQUIRED - Skirts or Pants = \$20 ea. + Sweatshirt = \$20 ea.

TOTAL PAYMENT DUE: \$_____ (A) + \$_____ (B) + \$_____ (C) = \$_____

CASH \$ _____	CHEQUE \$ _____ NAME ON CHEQUE (Please Print): _____	TAX RECEIPT ISSUED IN THE NAME OF: (Please Print) _____
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• ALL CHEQUES MUST BE MADE PAYABLE TO: **CPA BROSSARD**

- NB: "Projet scolaire" are open blocks and free to CPAB skaters only, who are registered as full time members (minimum two blocks): Patinage Plus badge 4 and up with a coach, Group Star with a coach, Junior, Intermediate & Sénior. For Updates, Changes, and General Information refer to our website: www.cpabrossard.org
- NB: Junior Ice is available with the purchase of parcels for the following skaters: Badges 4 and up with a coach and Star Group with a coach.



MEDICAL INFORMATION

THIS FORM MUST BE COMPLETED AND SUBMITTED AT REGISTRATION IN DUPLICATE (TWO (2) SEPARATE SHEETS MUST BE SUBMITTED)

*****The information requested on this form is very important*****

*****The security of your child may depend on it*****

NAME OF SKATER: _____

MEDICARE #: _____ Expiry date: _____

CONTACT IN CASE OF EMERGENCY

1. _____ TEL: () _____

2. _____ TEL: () _____

3. _____ TEL: () _____

Illness: _____

Allergies: _____

Needs an Epi-pen: Yes _____ No _____ If yes, please have available during skating lessons.

Medications: _____

Does your child wear a Medic-Alert bracelet? Yes _____ No _____

If yes, give the number and reason: # _____ Reason _____

Other useful information: _____

I, hereby authorize the C.P.A. Brossard to make, in case of emergency, necessary decisions to ensure the safety and security of my child and to obtain any advice or medical service needed from a clinic or hospital, if necessary. I accept any financial responsibilities that are otherwise not covered for by the Régie l'assurance maladie du Québec.

Name of parent or tutor: _____ Signature of parent or tutor: _____

Dated: Day _____ Month _____ Year: _____



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