

TEAM EVENT REGISTRATION INFORMATION

If your skater is interested in participating in a Team event, please read through the following directions to register. Teams are typically made up of 4 skaters per team and can be teamed up either by choice or by coaches request. If your skater is interested in participating in a Team event but does not have a Team, please contact coach Talia at coachtalia@okotoksskatingclub.ca.

As this event is meant to mimic a STARSkate competition, registration will be the same as it would be for any out-of-club competition.

Once teams are organized, one parent from each team will be responsible for the registration of the team. This member will be required to gather the following information for each team member: (see Appendix I for Team Event Member Cheat Sheet)

1. First and Last Name
2. Birth Date
3. Skate Canada Membership number
4. Allergies/Medical Condition Information

To register your team, go to the Event registration menu and find the desired Team event. Click on Register and click on the tab 'Add New Participant'. Enter the information for each skater on the team (will need to be repeated for all skaters other than your own).

Once all participant info has been added, select each participant to be added to the registration by selecting each skater from the drop down list of the event and click ADD.

The parent will also have to make the payment for the team as a whole. All parent members are expected to make their portion of payment to this parent volunteer separate from registration.

Each team event is default to a minimum 3 participants and maximum of 4. For groups lower or higher than this number, please contact the Registrar for help.

For any questions or help in registering your skaters team, please don't hesitate to contact the Registrar at info@okotoksskatingclub.ca or call 403-969-5442.

All participant information for skaters that are not related to the member will be removed after the event.

APPENDIX I – TEAM EVENT MEMBER CHEAT SHEET

Team Event Name: _____

Skater # 1

First name: _____ Last Name: _____

Birthdate (DD/MM/YYYY): _____ Skate Canada Number: _____

Any allergies / medical conditions: _____

Skater # 2

First name: _____ Last Name: _____

Birthdate (DD/MM/YYYY): _____ Skate Canada Number: _____

Any allergies / medical conditions: _____

Skater # 3

First name: _____ Last Name: _____

Birthdate (DD/MM/YYYY): _____ Skate Canada Number: _____

Any allergies / medical conditions: _____

Skater # 4

First name: _____ Last Name: _____

Birthdate (DD/MM/YYYY): _____ Skate Canada Number: _____

Any allergies / medical conditions: _____

All participant information for skaters that are not related to the member will be removed after the event.

Questions? Concerns?
Contact the Registrar at info@okotoksskatingclub.ca