



CNCR PERMISSION FOR ASSESSMENT FORM

DATE AND LOCATION OF ASSESSMENT _____

APPLICANT _____ PHONE # & EMAIL _____

SKATE CANADA # _____ HOME CLUB _____ No. _____

COACH _____ PHONE # & EMAIL _____

ASSESSMENT(S) APPLIED FOR: Freeskiate _____ Part 1 _____ Part 2 _____
Artistic _____ Skating Skills _____
Dance Category _____
Dances 1) _____ 2) _____
3) _____ 4) _____

The fees for the Assessments are as follows:
\$12.00 **per** StarSkate Assessment (\$12.00 for Part 1 - Elements & \$12.00 for Part 2 - Program)
\$60.00 **per** Gold Challenge Assessment (\$60 - Part 1- Elements, \$60 - Part 2- Program & \$60 per Dance Pattern)

TOTAL OWING: _____

THIS FORM MUST BE COMPLETELY FILLED OUT AND RETURNED TO YOUR ASSESSMENT COORDINATOR ON OR BEFORE THE PULL DATE OF _____

THE MONEY FOR THESE TESTS AND ANY OUTSTANDING FEES MUST ACCOMPANY THIS FORM. WITHOUT THEM THE ASSESSMENT COORDINATOR WILL AUTOMATICALLY PULL YOUR SKATER’S TEST.

Please be advised that you will be billed for the additional expenses incurred by the host club (such as judge’s expenses and ice rental). This expense is evenly divided **per assessment** among all participating skaters.

If the dance partner brought in for the assessment day partners your child, you will also share in the expenses for the dance partner and pay the dance fee charged by the dance partner.

Signature of Applicant’s Coach

Signature of Applicant or Parent (if applicant is under 18)

Signature of Applicant’s Coach

The _____ certifies that the above named applicant is eligible to try the assessments listed above and is a member in good standing with the _____ and the CNC Region.

Signature of Applicant’s Club Assesment Coordinator

Phone # & Email