DSQ
DanseSport Québec

AMATEUR - REGISTRATION FORM
La Super-AM - February 27, 2027

Deadline –February 8, 2027

		Juv A 6 & -	Juv 1 9 & -	Juv 2 10 -11	Jun 1 12-13	Jun 2 14-15	Youth 16-18	Adult 19 +	Senior I 35 +	Senior II 45 +	Senior III 55 +	Senior IV 65 +	Senior V 70 +	Under 21 16-18
Newcomer														
Bloc 1	W, T													
	W, Q													
	C, R													
Bloc 2	F, Q													
	S, J													
Pre-Bronze														
Bloc 1	W, T, Q													
	C, R, S													
Bloc 2	F													
	J													
Bronze														
Bloc 1	W, T, Q													
	C, R, S													
Bloc 2	F, VW													
	P, J													
Silver														
Bloc 1	W, T, Q													
	C, R, S													
Bloc 2	F, VW													
	P, J													
Gold														
Bloc 1	W, T, Q													
	S, C, R													
Bloc 2	VW, F													
	P, J													
Pre-Champ														
Bloc 1	W, T, Q													
	S, C, R													
Bloc 2	VW, F													
	P, J													
Championship														
W, T, VW, F, Q														
S, C, R, P, J														

Challenge	Bronze and Under			Silver and Gold		Pre-Champ		Invitation	
	W, Q	W, T, Q	C, R, S	W, T, Q	C, R, S	W, T, Q	S, C, R	W	C
9 yrs & -									
15 yrs & -									
16 yrs & +									

CHALLENGE ALL IN (AMATEUR COUPLE) – OPEN TO ALL LEVEL		
Age	W, Q	C, J
11 yrs & -		
15 yrs & -		
16 yrs & +		

Participation in TEAM MATCH (free): yes _____ no _____

We, the undersigned, release the organizers, the promoters, the governing bodies as well as all other organizations affiliated with this competition from any and all claims for loss or damage to persons or property in connection with this competition and we agree to abide by all the rules and regulations governing this competition, including anti-doping rules. We authorize DSQ to use photos / videos of me on their website, leaflets or promotional materials. We, the undersigned, hereby warrant and represent to DanseSport Quebec that we are the legal parents and /or legal guardians of the person under 18 years of age on whose behalf we grant these releases.

Gentleman – Please print clearly		**Lady - Please print clearly**	
First name	Last name	First name	Last name
City	Province	City	Province
Phone	Regional association #	Phone	Regional association #
Email		Email	
Signature		Signature	

The registration form must be accompanied by the Order Form and payment to validate all registrations.