



Prince Albert Golf & Curling Club Junior Curling Registration 2017 - 2018



Name _____ Phone _____

Address _____ Postal Code _____

Date of Birth _____ Age _____

Parents' Names _____

Parents' Cell phone _____ Circle Male or Female

School _____ Grade _____

Family email address _____ (for curling club updates)

Have you taken junior curling instruction before? If so, where and how many years?

Are there any medical conditions we should be aware of? _____

_____ Hospitalization # _____

Please check which league(s) you are registering for:

Monday Beginner/ Intermediate (age 11 – 14) 4:30 – 5:30 pm

Monday Youth and Young Adult 4:00 – 5:30 pm

Wednesday Junior League 5:00 – 6:45 pm

Other team members, if signing up with a team:

Skip: _____ Third: _____

Second: _____ Lead: _____

As a parent / teacher I am willing to help with:

on ice supervision

on ice instruction

other (please specify) _____

Parent signature

Date