

# STUDENT REGISTRATION 2019/2020

Suite 5, 4512 – 53 Street, Camrose, AB T4V 4E3

Phone (780) 672-4152

Email [rccc@cable-lynx.net](mailto:rccc@cable-lynx.net)

## OUR MISSION

The Rose City Curling Club will promote youth, family and healthy competition in the spirit of fun and good curling.

PERSONAL INFORMATION

Student or Team Name		Coach Name (if applicable)	
Mailing Address			
City/Town		Postal Code	Primary Phone
New to Club <input type="checkbox"/> YES <input type="checkbox"/> NO	Skill Level <input type="checkbox"/> BEGINNER <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED		Alternate Phone
Please describe the student's/teams' previous curling experience			
Please provide a primary email address (mandatory)			
Secondary email address (optional)			
Emergency Contact		Emergency Phone	

## Are you new to curling?

No equipment is necessary. We will provide the necessary equipment for your private Learn to Curl lesson/s. You will need to dress warmly and in layers. There will be times where instructors are explaining and you will be standing and could get cold. You must bring non-street shoes to wear on the ice. Rubber soled shoes are best (running shoes, etc.).

If you decide to join a league after your Learn to Curl lesson/s, the fees you paid for your Learn to Curl lesson/s will apply to your league registration.

We look forward to seeing you!

CURLING REGISTRATION

HIGH SCHOOL TEAM			
<b>Fee per team</b>	<b>\$500+GST</b>		
<b>Select League</b>	<input type="checkbox"/> Monday Super League	<input type="checkbox"/> Tuesday Men & Women	
	<input type="checkbox"/> Wednesday Social	<input type="checkbox"/> Thursday Open Team	
<b>Locker Rental</b>	Locker #	<b>Fee per locker</b>	<b>\$20+GST</b>

COLLEGE TEAM			
<b>Fee per team</b>	<b>\$750+GST</b>		
<b>Select League</b>	<input type="checkbox"/> Monday Super League	<input type="checkbox"/> Tuesday Men & Women	
	<input type="checkbox"/> Wednesday Social	<input type="checkbox"/> Thursday Open Team	
<b>Locker Rental</b>	Locker #	<b>Fee per locker</b>	<b>\$20+GST</b>

PRIVATE LESSONS									
<b>Select Preferred Day of the Week</b>	M <input type="checkbox"/>	TU <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>	SA <input type="checkbox"/>	SU <input type="checkbox"/>	<b>Fee per 1.5 hrs</b>	<b>\$75+GST</b>
<b># of Students</b>									
<b>List Student Names if more than 1 (max 4)</b>									

## PAYMENT INFORMATION

Payment Terms  
 Cash  Cheque  Debit  
 Visa  MasterCard

Registration Fee(s) \$ \_\_\_\_\_  
 Locker Rental \$ \_\_\_\_\_  
**Total Submitted** \$ \_\_\_\_\_

### OFFICE USE ONLY

Receipt Issued \_\_\_\_\_ Date \_\_\_\_\_

WAIVER

**Please ensure all participants (if over the age of majority) have read and signed the Release of Liability, Waiver of Claims and Indemnity Agreement for Adults or the participant's parent/guardian (if under the age of majority) have read and signed the Informed Consent and Assumption of Risk Agreement for Youth. These forms are available online at [www.camrosecurling.com](http://www.camrosecurling.com).**