

2023/24 JUNIOR REGISTRATION FORM

ROSE CITY CURLING CLUB

Suite 5, 4412 – 56th Street

Camrose, Alberta, T4V 5K4

Phone: (780) 672-4152 e-mail: rccc@cable-lynx.net

Please fill out the form entirely.

This form can be returned via email to rccc@cable-lynx.net

Personal Information

*Participant first and last name: _____

*Parent/guardian first and last name: _____

*Email address: _____

*Street address: _____

*City: _____

*Postal code: _____

*Phone number: _____

*Gender: _____

*Year of birth: _____

Emergency Contact Information

*Emergency contact name: _____

*Emergency contact relation: _____

*Emergency contact phone number _____

Curling Information

*Skill level: No experience Beginner Intermediate Advanced

*Are you a new member to the Rose City Curling Club? Yes No

*Which best applies to the curler? (Check one): Able-Bodied Stick curler Wheelchair

Registration Information

*League: _____

I want to curl with... (Write any names that apply)

Player one: _____

Player two: _____

Player three: _____

Player four: _____

Is a parent/guardian interested in assisting with coaching? Yes No

*Have you paid your Curling Alberta Membership at another club? Yes No

*If yes, which club? _____

*Curling Waiver signed? Please include a signed copy with registration. Yes No

*Preferred payment method: Credit Debit Cheque E-Transfer Cash

Date: _____ Parent/guardian printed name: _____

Parent/guardian signature: _____