

2023/24 LEAGUE 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

*First name: _____

*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 (Check one): Beginner Intermediate Advanced Competitive

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

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

Registration Information

*League: _____

*Team member information (Leave blank if a member of the Tuesday/Thursday Afternoon League)

*Skip name: _____

*Vice name: _____

*Second name: _____

*Lead name: _____

Alternate name: _____

Alternate name: _____

*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 your registration. Yes No

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

Date: _____ Printed name: _____

Signature: _____

Do we have your permission to add your information to a profile in our online system? Yes No