PORT ARTHUR CURLING CLUB

Junior Curling Program Registration

2017 - 2018

Curlers Name:_____

NEW RETURNING

Date of Birth:_____ Gender:_____

Mailing Address:_____

Phone #'s_____

Email _____

Health Card #_____(optional)

List of medical conditions instructors should be aware

of:_____

_____

_____

Parent(s) Guardian(s) Names_____

Phone Number During Curling_____

I assume all risk incidentals to participate in the Junior Program and absolve the organizers, volunteers and participants from any claims arising out of injury to my son/or daughter

Signature_____ Date_____

Are you interested in assisting with the Junior Program?

YES NO

Paid: _____ Not Paid: _____

Registration Fee $60.00/curler to be paid at PACC Bar.