



wolfville

CURLING CLUB



Registration for Little Rocks and Mini-Juniors

Curlers Name: _____

Birth Date (D/M/Y): ____/____/____

Home Phone #: _____

Street Address: _____

Please check:

Male ___ Female ___

New Curler ___ Returning Curler ___ (How many years? ____)

Parents/Guardians Names: _____

Mailing Address: _____

Phone #'s

Home: _____ Work: _____ Cell: _____

Email: _____

Emergency Contact Name: _____

Phone #'s

Home: _____ Work: _____ Cell: _____

Health Card # _____ Expiry Date _____

Doctors Name _____ Phone #: _____

Allergies: _____

Anything else we should know? _____

Paid: _____ Receipt: _____