



RIVERVIEW Curling Club YOUTH CURLING REGISTRATION FORM

(please circle) **Tuesdays 4:30-5:30** OR **Fridays 4:30-5:45pm**

Youth curler's name: _____

Years of curling experience: _____ School Grade in Sept 2022: _____

Date of Birth: Day _____ Month _____ Year _____

Any known medical condition(s) or allergies:

Parents' or Guardians' names: _____

Home phone number: _____

Other parent or emergency contact numbers (work/cell):

Email: _____

FEES payable by cash or cheque: Tuesdays \$65 or Fridays \$75

Please make cheques payable to **Riverview Curling Club.**

**** HELMET & CLEAN SHOES REQUIRED****

Date: _____

Parent Signature: _____