



RIVERVIEW CURLING CLUB YOUTH CURLING REGISTRATION FORM

(please circle) **Tuesdays 4:30-5:30 (ages 7-12) OR Fridays 4:30-5:45pm (ages 11-17)**

**** Tuesdays - HELMET REQUIRED****

Youth curler's name: _____

Years of curling experience: _____

School Grade in Sept 2023: _____

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 \$70 or Fridays \$80

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

Date: _____

Parent Signature: _____

Office use only		
form	waiver	cash / cheque