



RIVERVIEW CURLING CLUB YOUTH CURLING REGISTRATION FORM

(please circle) **Tuesdays 4:30-5:30 (ages 7-12) OR Fridays 4:30-6:00pm (ages 11-17)**

**** Curlers under the age of 12 - HELMET REQUIRED****

Youth curler's name: _____

Years of curling experience: _____ School Grade in Sept 2024: _____

Date of Birth: Day _____ Month _____ Year _____

Any known medical condition(s) or allergies:

Parents' or Guardians' names: _____

Phone numbers: _____

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

Email: _____

FEES payable by cash or cheque: Tuesdays \$75 or Fridays \$85

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

Would you or someone you know (grandparent, family member, friend...) be willing to volunteer on and/or off the ice? Name of volunteer: _____

Date: _____

Parent Signature: _____

Office use only		
form	waiver	cash / cheque