

CALGARY CURLING CLUB
720 - 3rd Street NW
Calgary, AB T2N 1N9

E-mail: academy@calgarycurlingclub.com
Web Site: www.calgarycurlingclub.com



2009 - 2010 JUNIOR PROGRAM REGISTRATION FORM

Name _____ Sex: M / F Age: _____ Date of Birth _____ / _____ / _____
Month / Day / Year

Previous CCC Junior: YES NO Years Curled: _____

Parent(s) or Legal Guardian(s) name(s): _____

Home Phone: _____ Alternate Phone: _____

Address _____ City _____ Postal Code _____

Programs

Lite Rock

Please indicate preferred time

2:30 to 3:20pm _____

3:30 to 4:20pm _____

Fall Session \$50 _____

Winter Session \$40 _____

All Season \$80 _____

Big Rock

12:30 to 2:30pm

Fall Session \$75 _____

Winter Session \$70 _____

All Season \$135 _____

Junior League

12:30 to 2:30 pm

Fall Session \$75 _____

Winter Session \$70 _____

All Season \$135 _____

Payment is required for registration. All Prices include GST

EMERGENCY CONTACTS AND MEDICAL INFORMATION:

In the event the Parent or Legal Guardian cannot be reached at the number listed above

Name: _____ Phone: _____ Phone (2): _____ Relation: _____

Participant's Alberta Health Care #: _____

Does your child have any medical, physical or mental conditions or any allergies or is on any specific medications about which you would like to make us aware?	YES	NO
If "YES" we would like to discuss this before the start of the program.		

For the safety and enjoyment of all our participants, any unsafe, inappropriate or distracting behavior will result in dismissal from the ice area and possibly the club house.

I acknowledge the inherent risks of on-ice activities and hereby give consent to the involvement of the above mentioned in the curling activities and request that my child be registered in the Calgary Curling Club Junior Program.
Consenting Parent/Legal Guardian Signature: _____ Date: _____

Cancellations more than 7 days prior to the first date of the program will be refunded minus a \$10.00 administration fee.

Payment accepted by cheque (payable to Calgary Curling Club), cash, debit or credit card (Visa or Mastercard).

Office Use Receipt # Amount Date: