

# Ellerslie Curling Club

## REGISTRATION FORM – PLEASE PRINT

Year of registration: 2016-2017		Date of registration:		
<b>CURLER'S INFORMATION</b>				
Name:		Parent or Guardian:		
Address:		City:	Postal Code:	
Day Phone:	Evening Phone:	Other Phone:	Other Phone:	
My child's information (address, phone, email) may be made available to other members <input type="checkbox"/> YES <input type="checkbox"/> NO				
Most communication is done through email. If you have an email address, it is assumed that you check it regularly so that you are aware of upcoming events: email address _____				
How did you hear about the Ellerslie Junior Curling Program? _____				
To make this league work, we require the support and assistance of the parents. Please choose <u>at least one</u> of the following options to indicate where you would like to help out:				
<input type="checkbox"/> INSTRUCTIONAL HELPERS		<input type="checkbox"/> HALLOWEEN TREATS		<input type="checkbox"/> FUNDRAISING
<input type="checkbox"/> CHRISTMAS PARTY		<input type="checkbox"/> CHRISTMAS GIFT CERTIFICATE		<input type="checkbox"/> GROUP & TEAM PHOTOS
<input type="checkbox"/> HAZEL JAMISON BONSPIEL		<input type="checkbox"/> TROPHIES / MEDALLIONS		<input type="checkbox"/> YEAR-END PARTY
<b>HEALTH INFORMATION</b>				
Date of Birth:		Alberta Healthcare Number:		
Please list allergies:				
Do you carry an EpiPen for allergies?				
Do you have any serious health conditions of which we should be aware of? _____				
Emergency Contact Name:				
Emergency Contact Phone	Day:	Evening:	Other:	
<b>CURLING INFORMATION</b>				
Number of years of curling experience:				
I would like to join the: <input type="checkbox"/> Instructional (Learn-To-Curl) <input type="checkbox"/> Intermediate League <input type="checkbox"/> Competitive League				
To join the competitive league you must have completed two years in the learn-to-curl program, or be assessed for your skill level. If you are joining the competitive league, please indicate which position you would like to play.				
		<input type="checkbox"/> SKIP	<input type="checkbox"/> THIRD	<input type="checkbox"/> SECOND <input type="checkbox"/> LEAD
OPTIONAL (COMPETITIVE ONLY): We would like to enter as a team.	NAME _____	NAME _____	NAME _____	NAME _____
<b>PAYMENT METHOD</b>				
Amount _____	Cash <input type="checkbox"/>	Credit Card Receipt # _____	Cheque # _____	Receipt # _____