Twin Rivers CURLING CLUB

JUNIOR CURLING PROGRAM

2017-18 Registration Form

Name:_____ Date of Birth :_____

Parent/Guardian Names:_____

Address:_____

Phone #:_____ Email:_____

School:_____ Grade:_____ Age:_____

Participant Medical Information: (medical information in confidential)

Contact for Emergency:_____ Phone #_____

Relevant Medical History:_____

Allergies:_____

Injuries/Relevant Conditions:_____

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Yes_____ No_____

Signature of Parent/Guardian: _____

Date of Signature: _____