

Curler's Corner Advanced U18  
Team Program Individual  
Application

# Curlers Corner



Your One Stop Curling Shop

NorthHill Curling Club  
1201 - 2nd Street NW, Calgary, AB T2M 2V7  
(403) 277-3158 [U18Program@nhcc.ca](mailto:U18Program@nhcc.ca)  
<https://ccadvancedcurling.wixsite.com/u18programnhcc>

## Individual Curler Information

### *Curler Information*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Number of Years Curled: \_\_\_\_\_ Years at NHCC: \_\_\_\_\_ Male  Female   
Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Contact Telephone # \_\_\_\_\_  
Email: \_\_\_\_\_

### *Health Information*

Does this participant have a Medical condition that we should be aware of?

\_\_\_\_\_

### *Parent / Guardian Contact Information*

Mother/Guardian Name \_\_\_\_\_ Father/Guardian Name\* \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Home Phone\*: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Work Phone\*: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Cell Phone\*: \_\_\_\_\_

\*only enter phone numbers that differ from numbers on the left side

Why are you applying as an individual rather than as part of a team?

## Team Information

Team Name: \_\_\_\_\_ Number of Years team has been together: \_\_\_\_\_

Team Manager: \_\_\_\_\_ email: \_\_\_\_\_

Contact Telephone # \_\_\_\_\_

This team is planning upon entering the Alberta Curling Playdowns Division(s):

U15       U18       Junior

## Team Goals

Please identify the team's top goals (on and off-ice) for the upcoming curling season:



## Season Plan

Please describe the team's plan for the upcoming season and the steps being taken to achieve the goals identified above (including practices, leagues, bonspiels and any additional preparation):

## Contribution

Please describe why you think you should be accepted into the program:

Please describe how you think you could contribute to the success of this program:

If you have a coach, willing to join you, please complete the following

*Coach Information*

Name: \_\_\_\_\_

Number of Years Curled: \_\_\_\_\_ Years at NHCC: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Contact Telephone # \_\_\_\_\_

Email: \_\_\_\_\_

Level of Coaching Certification Completed: \_\_\_\_\_

As the coach, what will you contribute to the program and how will you benefit?