



North Hill Curling Club Juniors Registration Form

1201 - 2nd Street NW, Calgary, AB T2M 2V7
(403) 277-3158, jrs@nhcc.ca
curl@nhcc.ca | www.nhcc.ca

CURLER'S INFORMATION

First Name _____ Last Name _____
 Age _____ (as of Dec31 of current year) Date of Birth ____/____/____ DD / MMM / YY Male Female
 Address _____ Home Phone:(_____) _____ - _____
 City _____ Prov. _____ Postal Code _____ Cell Phone:(_____) _____ - _____
 Primary email: _____ Secondary email: _____

Email is important for receiving junior curling news & last minute notification – print clearly

HEALTH INFORMATION

Does your child 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 left side*

PROGRAM SELECTION

Curling Ability:

- Novice
 Intermediate
 Advanced

Competitive:

Yes No

CYCA Sunday League:

Yes No

Number of years curled: ____

Where did you curl previously?

Registration Form

Completion Date:

____/____/____
 DD / MMM / YY

PARENT VOLUNTEER

Name of Parent/Guardian Volunteer: _____

Please select a volunteer position you believe you can help with:

- Registration Social Coordinator Casino (if applicable)
 Year End Prize Coordinator On-Ice Instructor/Helper Other: _____
 Christmas Gift Bags

Please let us know if you have any club or competitive coach training (**not** mandatory to volunteer)

**The NORTH HILL
 CURLING CLUB
 JUNIOR PROGRAM
 thanks you
 for your help.**

PAYMENT & FEE INFORMATION

Program Fees are \$100.00 (juniors age 7 to 20 years)

Bring payment to the North Hill Curling Club by cheque, debit, credit card or cash no later than the registration date for the season.

Cheques payable to:
**North Hill Curling Club
 or NHCC**

OFFICE USE ONLY

Cash Cheque Chq# _____ Credit Card Debit Amount Received _____ Receipt Issued

Verified by: _____ Note: _____

The completed registration form can be printed for your records using the standard print features of Adobe Acrobat Reader