

U18 Team Program Application

North Hill Curling Club

1201 - 2nd Street NW, Calgary, AB T2M 2V7 (403)277-3158

U18Program@nhcc.ca

www.nhcc.ca



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 your team should be accepted into the program:

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

Lead

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

Second

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

Third

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

Skip

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

Coach

Coach Information

Name: _____

Number of Years Curled: _____ Years at NHCC: _____

Address: _____ City: _____ Prov: _____

Postal Code: _____ Contact Telephone # _____

Email: _____

Level of Coaching Certification Completed: _____