



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 9 years old or older as of June 30th, 2020)

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