

CHESTERMERE CURLING CLUB

201 West Chestermere Drive
Chestermere, Alberta T1X 1B2

www.chestermerecurling.com

Email Marla at forths@telus.net or phone (403)-248-9438



2017 JUNIOR PROGRAM REGISTRATION FORM Sunday Afternoons from JANUARY through MARCH

Name: _____ Sex: M / F Age: _____ Date of Birth _____ / _____ / _____
Surname Given Day Month Year

Address _____ City: _____ Postal Code: _____

Parents Names _____ Phone: _____

Previous CCC Junior YES / NO Email Contact Address: _____

Name of Parent available to supervise on ice when needed _____

Do you have a Current CRCA Family Membership # YES / NO (# if you know it _____)

PROGRAMS: (Please choose one of the 3 categories below, all are on Sunday Afternoons)

Each draw time consists of some instruction but mostly game time.

- #1. Lite Rock - (2:30 till 4:00 p.m.) ages 7, 8 or 9 yrs. with Little or NO curling experience
This is for children with a very small build.
- #2. Big Rock - (2:30 till 4:00 p.m.) ages over 8 or 9 yrs. with Some or No curling experience
- #3. Intermediate or Advanced (4:00 till 5:30 p.m.) for juniors with Some curling experience

Please list on the line below if you have a friend or friends you would like to be on your team.

Names: _____

Parents will be responsible for their child's action on or off the ice. For the safety of your child and the other junior curlers any unsafe or derogatory acts will result in dismissal from the ice area. All first year curlers are required to wear helmets (please bring your own helmet, bike helmets are acceptable). For all other curlers it is still suggested to wear a helmet but not mandatory.

I have read the registration form and I acknowledge the inherent risks of on-ice activities and hereby give consent to the involvement of my son/daughter in the curling activities and would request that my son/daughter be registered in the Chestermere Curling Club Junior Program.

Consenting Parent Signature: _____ Date: _____