

# ST. ALBERT ROCKERS

## YOUTH CURLING REGISTRATION FORM

### JUNIOR/LITTLE ROCK



**ST. ALBERT CURLING CLUB**  
#7 Sir Winston Churchill Avenue, St. Albert, AB T8N 0G1  
**Tel: (780) 459-7007** • Fax: (780) 458-0660  
Email: sacurl@shaw.ca • www.stalbertcurling.ca

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
mm/dd/yyyy

Male  Female  Number of years curled: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

Phone: \_\_\_\_\_ Cell or Work #: \_\_\_\_\_

Address (including postal code): \_\_\_\_\_  
\_\_\_\_\_

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

## Medical Information

Does your child have any medical condition(s) which the coaches/instructors should be made aware of?

Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Alberta Health Care #: \_\_\_\_\_

## Registration

JUNIOR (\$80)  Fee Enclosed: \_\_\_\_\_

LITTLE ROCK (\$60)  Cheques made payable to St. Albert Curling Club

For office use:

Amount Paid: \_\_\_\_\_ Cheque  Cash  Debit  Visa  M/C

Receipt #: \_\_\_\_\_ Date: \_\_\_\_\_