## Junior Curling Sign-Up 2024 – 2025 Please fill one out for each curler

Student Name:	DOB:	Age:	Grade: _
Parent(s) Name(s):			
Address:			
Home Phone:			
Parent(s) Cell Phone(s): Mother:	Father: _		
Parent Email Address:			
Additional Emergency Contact Information	n: (Please ensure that t	hese individ	uals have
been notified that they are emergency con	tacts.)		
Name:	Phone(s):		
Name:	Phone(s):		
Number of years in curling:			
Level in 2024-2025:			
Dues: 1 <sup>st</sup> year and 2 <sup>nd</sup> year - \$40 Returning curlers - \$60			
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2024 – 2025 (Instructor Fills Out) Level:Beginner	Paid: Cas	h	
Intermediate	<del></del>	ck #	
Developing	Rele	ease on file	
Competitive			