



JUNIOR INSTRUCTIONAL CURLING PROGRAM

2022 - 2023 Registration Form

Name: _____ **Date of Birth :** _____

Parent/Guardian Names: _____

Address: _____

Phone #: _____ **Email:** _____

School: _____ **Grade:** _____ **Age:** _____

Participant Medical Information: (medical information in confidential)

Contact for Emergency: _____ **Phone #** _____

Relevant Medical History: _____

Allergies: _____

Injuries/Relevant Conditions: _____

I, _____, hereby release and assign all copyright ownership and claims for the images taken of me (or in the case of minors the legal guardian) for Twin Rivers Curling Club technical manuals, promotional materials and website usage.

Yes _____ **No** _____

Signature of Parent/Guardian: _____

Date of Signature: _____