



JUNIOR CURLING PROGRAM

2020-21 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: _____

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Yes _____ **No** _____

Signature of Parent/Guardian: _____

Date of Signature: _____