



Williamsford Curling Club

Youth Registration Form



Name of child: _____ Age: _____

Name of child: _____ Age: _____

Name of child: _____ Age: _____

Address: _____

Name of parent: _____ Phone #: _____

Email: _____

Name of parent: _____ Phone #: _____

Email: _____

Junior/Youth 3 years of age and up begins Sundays in Nov. Start date and time to be determined.

Required:

- Assumption of Risk (for minors)
- Waiver required for adult to accompany a youth on to the ice.

* Volunteering is required as part of membership for the club

- Activities will be defined as the year progresses.
- All members must volunteer where possible to help keep our club running

League Fees

Please indicate number of Junior /Youth participants per family: *check one/two/three or more*

One:

Two:

Three or more:

Total Due \$ _____

Payment Method: Cash:

Cheque:

E-Transfer:

*Note: If paying by E-Transfer, please include in the comments the full name of any person(s) included in the payment as well as what league they have signed up for.

(Example: John Doe, Master's Jill Doe, Youth)

** I give permission to allow use of my photo on social media. YES: NO:

Signature of Parent or Guardian: _____ Date: _____