

**SOUTH RIVER CURLING CLUB**  
**LITTLE ROCKS REGISTRATION FORM**

NAME OF CHILD: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE \_\_\_\_\_

NAME OF PARENT/GUARDIAN: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ ALTERNATE NUMBER (CELL): \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ALTERNATE CONTACT PERSON: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

NEW CURLER: YES/NO                      CURLING EXPERIENCE: \_\_\_\_\_

Parent/Guardian understands that children MUST be responsible for bringing and wearing their own helmet (bike or hockey) each week. As well, all participants must wear rubber soled, clean, indoor running shoes or curling shoes when on the ice. These expectations are for the safety of the child.

Signature of parent/guardian: \_\_\_\_\_

DATE OF REGISTRATION: \_\_\_\_\_ PAYMENT: \_\_\_\_\_ CHEQUE/CASH