

Junior Curling Registration Form 2025-2026

Personal Information:

Child's Name: _____ DOB _____ / _____ / _____ Grade: _____
Month Day Year

Address: _____

Parent or Guardian name/names: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Emergency contact person phone: _____

Curling Experience: None _____ Yes _____ If yes, number of years _____

Medical Information:

Personal Health ID #: _____ Family Registration #: _____

Doctor's Name: _____ Phone No.: _____

Program Dates & Costs:

Mondays 3:50-5:00 PM at the Beausejour Curling Club

Fee: **\$120.00** (Mid Oct.-mid March)

Locker: **\$20**

Cheques payable to "Beausejour Curling Club" & note "Junior Curling" on the memo line. OR

E-transfer to : beausejourcurlingclub@gmail.com

Please include child's name & junior program in the message.