

# Junior Curling Registration Form 2026-27

## 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 \_\_\_\_\_

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## Medical Information:

Personal Health ID #: \_\_\_\_\_ Family Registration #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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## 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](mailto:beausejourcurlingclub@gmail.com)

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