



**BEAUSEJOUR JUNIOR AFTER SCHOOL CURLING PROGRAM**  
**Grades 4-8**  
**2023/2024 Registration Form**



**Basic Information**

Child Name: \_\_\_\_\_ DOB \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
M D Y

Address: \_\_\_\_\_

Parent or Guardian name/ names: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Another Emergency contact person/ phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Curling Experience: None \_\_\_\_\_ Yes \_\_\_\_\_ If yes, number of years \_\_\_\_\_

**Medical Information**

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

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

Allergies: \_\_\_\_\_

Any other information: \_\_\_\_\_

**Program Dates & Costs**

**Mondays at 4:00-5:00 PM at the Beausejour Curling Club**

Please check one of the following options:

Both Sessions- \$100.00

Cheques to be made payable to "Beausejour Junior Curling Program".