

**OSOYOOS INTERNATIONAL CURLING CLUB
2016-2017 JUNIOR LEAGUE REGISTRATION FORM
(AGES: 8 – 18 YEARS)**

OFFICE USE ONLY
DATE:
AMOUNT PAID:
METHOD:
INITIALS:



PARTICIPANT INFORMATION: (PLEASE PRINT)

NAME:			
DATE OF BIRTH: (YYYY/MM/DD)		AGE:	
SCHOOL ATTENDING:		GRADE:	
YEARS OF CURLING EXPERIENCE:		POSITION PLAYED:	
INTERESTED IN BEING ON A TRAVEL TEAM 1X A MONTH:	Yes _____	No _____	

PARENT/GUARDIAN INFORMATION: (PLEASE PRINT)

NAME:			
ADDRESS:			
POSTAL CODE:		PHONE:	CELL:
EMAIL ADDRESS:			
PARENT/GUARDIAN SIGNATURE			

MEDICAL INFORMATION (PLEASE PRINT)

EMERGENCY CONTACT:			
HOME PHONE NUMBER:		CELL:	
ALTERNATE NAME:			
ALTERNATE PHONE NUMBER:		CELL:	
ALLERGIES:			
MEDICATIONS:			
DOES THE PARTICIPANT CARRY AND KNOW HOW TO ADMINISTER HIS/HER OWN MEDICATION: ___YES ___NO			

JUNIOR FEES: \$60.00 PLUS GST = \$63.00 PER PLAYER