

Junior Curling Sign-Up 2026 – 2027

Please fill one out for each curler

Student Name: _____ DOB: _____ Age: _____ Grade: _____
Month Day Year

Parent(s) Name(s): _____

Address: _____

Parent(s) Cell Phone(s): Mother: _____ Father: _____

Parent Email Address: _____

Additional Emergency Contact Information: (Please ensure that these individuals have been notified that they are emergency contacts.)

Name: _____ Phone(s): _____

Name: _____ Phone(s): _____

Number of years in curling: _____

Level in 2025-2026: _____

Dues: 1st year and 2nd year - \$40
Returning curlers - \$60

2025 – 2026 (Instructor Fills Out)

Level: _____ Beginner

Paid: _____ Cash

_____ Intermediate

_____ Check # _____

_____ Developing

_____ Release on file

_____ Competitive