

**Bancroft Curling Club - 2017/2018 Registration
Little Rock, Bantam & After School Programs**

Child(ren) Information

First Name: _____ Last Name: _____

Date of Birth: Day _____ Month _____ Year _____

Has this child ever curled before? Yes _____ No _____

What School does this child attend: _____

Medical Conditions: _____

First Name: _____ Last Name: _____

Date of Birth: Day _____ Month _____ Year _____

Has this child ever curled before? Yes _____ No _____

What School does this child attend: _____

Medical Conditions: _____

Parent/Guardian Information

First Name: _____ Last Name: _____

Street: _____ P.O. Box # _____ Apt. #: _____

Town: _____ Province: Ontario Postal Code: _____

Home Phone: _____ Business Phone: _____

Email Address: _____

NOTE: By giving us your email address, you agree to receive emails from the Bancroft Curling Club.

REGISTRATION FEES... Includes HST

	Rate	# of Children		Total
Little Rock	\$60.00	X _____	=	_____
Bantam	\$85.00	X _____	=	_____
After School Program	\$85.00	X _____	=	_____
Locker Rental Fee - Optional	\$20.00			_____
TOTAL SUBMITTED				\$ _____
	CASH _____	CHEQUE _____	CREDIT CARD _____	

Please make cheques payable to: *Bancroft Curling Club* Mailing Address: P.O. Box 1214, Bancroft, Ontario K0L 1C0

Parent/Guardian Acknowledgement

I _____ acknowledge that I will be responsible for my child/children while at the Bancroft Curling Club. I acknowledge my child/children is/are in proper physical condition to participate in the activity of curling and I am aware that participation could result in physical injury. I am also aware that to teach and correct the manner in which my child/children deliver a curling rock (delivery skill), a minimal amount of touching may be necessary by the instructors or helpers. I agree to abide by the applicable rules prescribed by the Bancroft Curling Club and/or its instructors.

EMERGENCY CONTACT: _____ **PHONE #** _____

We recommend parents remain at the club during the Sunday Little Rock/Bantams Program. If you leave the club we need to know how to contact you. After School Program co-ordinators need to be able to contact a parent or guardian during the 3:30 to 5:00 pm timeframe. Please make sure you provide the correct phone # where you can be contacted at that time.

Parent/Guardian's Signature: _____ **Date:** _____