



**PARKSVILLE JUNIOR CURLING LEAGUE**



**2016/2017 APPLICATION FORM**

Name: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Emergency Name & Phone No.: \_\_\_\_\_

Medical Services Plan No. (MSP): \_\_\_\_\_ School: \_\_\_\_\_

**Curling Experience:**

None: \_\_\_\_ 1 Year or less: \_\_\_\_ 2 Years: \_\_\_\_ More than 2 years: \_\_\_\_

I wish to play in the Parksville Junior Curling League for the 2016/17 curling season.  
My curling fee of **\$84.00** (including taxes) is enclosed herewith.

I understand that curling is a team sport and that others will be relying upon my regular attendance. I will play by the rules and respect all other curlers and coaches.

I also understand that all instructors and assistants with the Parksville Junior Curling League are volunteers and are not responsible for any personal injury or loss of personal property which may be incurred while participating in the Parksville Junior Curling League and its activities.

Date: \_\_\_\_\_, 2016 \_\_\_\_\_

**Signature of Applicant/Curler**

I have read and understand the terms of this application form and the accompanying Information Sheet and I consent to my son/daughter curling in the Parksville Junior Curling League.

Date: \_\_\_\_\_, 2016 \_\_\_\_\_

**Signature of parent or guardian**

PLEASE RETURN COMPLETED APPLICATION FORM, ALONG WITH LEAGUE FEES  
TO CHERYL NOBLE

***Cheques made payable to "Parksville Curling Club".***