



PARKSVILLE JUNIOR CURLING LEAGUE



2017/2018 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 2 years: ____)

I wish to play in the Parkville Junior Curling League for the 2017/18 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 participate in the spirit of fair play and honesty. I will always be respectful and courteous to all other curlers, coaches and volunteers.

Any verbal or physical behaviors that constituent harassment or abuse – are unacceptable and will not be tolerated.

NOTE: All curlers 12 years of age or younger – MANDATORY to wear a helmet all times on ice.

I also understand that all instructors and assistants with the Parkville 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 Parkville Junior Curling League and its activities.

Date: _____, 2017 _____

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 Parkville Junior Curling League.

Date: _____, 2017 _____

Signature of parent or guardian

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

Cheques made payable to "Parkville Curling Club".