

Coldwater Curling/ Recreation Centre
Little Rocks Registration Form
2011/ 2012 Season

Childs Name: _____

Age: _____ Curling Experience: _____

Contact Parent/ Guardian: _____

Telephone # :(Home) _____ Work: _____

Email (optional): _____

Address: _____ Postal Code: _____

Date of Birth: _____

I, the parent/guardian, understand that if my child is under 12 years of age I will provide supervision when he/she is curling at the Coldwater Curling/ Recreation Centre. Appropriate behaviour, on & off the ice surface is required. Our volunteer instructors, certified and non-certified, expect co-operation & adherence to the safety issues. Failure to comply will result in dismissal from the Little Rocks program. The Coldwater Curling/ Recreation Centre are not responsible for theft or accident, which may occur on the premises.

I give permission for my child _____ to be photographed/televised curling & allow his/her name to be used when posting curling results on the web, paper, television or radio.

I agree to provide some volunteer time to the Coldwater Curling/ Recreation Centre.

Parent/Guardian Signature required: _____

Helmets must be worn while curling

Fee: \$25.00