

## Summer Curling Camp Registration Form

Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone #: \_\_\_\_\_ Parents work phone # \_\_\_\_\_ Email Address: \_\_\_\_\_

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_ T-Shirt size: \_\_\_\_\_

1. How many years have you been Curling: \_\_\_\_\_
2. Have you attended or taken a Curling Clinic, Curling School/Camp, or special Junior Development Training other than instruction given at your Curling Club.  
Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please give a few details of when, where and the approximate amount of time: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Which position do you normally play? \_\_\_\_\_ Which position would you like to play? \_\_\_\_\_
4. What do you feel your strongest skills are in regards to curling: \_\_\_\_\_  
\_\_\_\_\_ What skill(s) or part of your game would you like to improve the most:  
\_\_\_\_\_  
\_\_\_\_\_
5. What are your two major reasons for attending the Summer Curling Camp:: \_\_\_\_\_  
\_\_\_\_\_
6. Are you presently on a team: Yes \_\_\_ No \_\_\_ ` If you have a team who are your teammates:  
: \_\_\_\_\_  
\_\_\_\_\_ Are there other Junior Curlers attending the camp who you would like to be in the same group with?  
\_\_\_\_\_
7. What other sports or hobbies to you take part in: \_\_\_\_\_  
\_\_\_\_\_
8. \_\_\_\_\_ Do you have any physical limitations or medical problem ie allergies etc. that you take special medication for? If yes please specify: \_\_\_\_\_  
\_\_\_\_\_
9. Do you have your own transportation to & from the Crapaud Curling Club? Yes \_\_\_ No \_\_\_  
If no, would you like to be part of a car pool Yes \_\_\_ No \_\_\_

**Registration to be forwarded to:**

Gayle Johnston

**Phone:** 368-1071

Box 3 Site 10

**Email:** gaylej@pei.sympatico.ca

46 Kirkdale Rd

Charlottetown C1E 1N6

**Parent/Guardian Signature:** \_\_\_\_\_