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: Have you attended or taken a Curling Clinic, Curling School/Camp, or special Junior Development 2. Training other then instruction given at your Curling Club. If yes, please give a few details of when, where and the approximate Yes: ____ No: ____ amount of time: Which position do you normally play? Which position would you like to play? 3. What do you feel your strongest skills are in regards to curling: 4. What skill(s) or part of your game would you like to improve the most: 5. W hat are your two major reasons for attending the Summer Curling Camp:: Are you presently on a team: Yes No If you have a team who are your teammates: 6. Are there other Junior Curlers attending the camp who you would like to be in the same group with? 7. Do you or your team plan to try out for the Canada Winter Games: Yes No Not Sure 8. What other sports or hobbies to you take part in: Do you have any physical limitations or medical problem ie allergies etc. that you take special medication for? If yes please specify: Do you have your own transportation to & from the Crapaud Curling Club? Yes __ No __ 10. If no, would you like to be part of a car pool or shuttle service? Yes No Registration to be forwarded to: Gayle Johnston **Phone**: 368-1071 Box 3 Site 10 Email: gaylej@pei.sympatico 46 Kirkdale Rd Charlottetown C1E 1N6 Parent/Guardian Signature: