



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 had a regular coach: yes ___ no ___

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. Do you and/or your team plan to try out for the Canada Winter Games: Yes ___ No ___ Not Sure ___

8. Based on you skill level, age, experience and training to you feel you should be placed in the **developmental group** or the more **advanced group**: _____

9. Do you have any physical limitations or medical problem ie allergies etc. that you take special medication for? If yes please specify: _____

10. Would 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 or shuttle service? Yes ___ No ___

Registration to be forwarded to:

Gayle Johnston
Box 3 Site 10
46 Kirkdale Rd
Charlottetown C1E 1N6

Phone: 368-1071
Email: gaylej@pei.sympatico.ca

Parent/Guardian Signature: _____