



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. 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: _____

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

10. 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 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: _____