



2018-2019 LITTLE ROCK REGISTRATION FORM (ages 7-10)

Penetanguishene Curling Club, 8 Owen Street, Penetanguishene, ON L9M 1M8
Tel: 705-549-8981

E-mail: info@penetangcurlingclub.ca Website: www.penetangcurlingclub.ca

Get out of your house and into ours!

Childs Name: _____

Age as at Dec. 31, 2018: _____ # Years Curled: _____

Contact Parent/ Guardian: _____

Telephone #: _____ Email: _____

Address: _____ P.C. _____

I, _____ the parent/guardian, understand that if my child is under 10 years of age I will provide supervision when he/she is curling at the Penetanguishene Curling Club. Appropriate behavior, 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 Penetanguishene Curling Club is 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 would like to provide some volunteer time toward the Little Rock Program at The Penetanguishene Curling Club: Parent/Guardian Initials required: _____

Cost for Little Rock: \$55
Monday's 4:30pm - 5:30pm
Starts Mon., October 29th, 2018
Ends: Mon., March 11th, 2019

****Helmets and clean running shoes must be provided by curler and worn while on the ice****
****Brooms & slip-on sliders will be supplied by Club****

FOR OFFICE USE ONLY:

Payment Methods

	TOTAL AMOUNT PAID
CASH	
CHEQUE #	
VISA	
MASTERCARD	

Credit Card # _____

Expiry Date: _____

Received by: _____ Auth. # _____