

Hibbing Curling Club Junior Curling Registration

Curler's Information:

Name _____

Grade _____ Date of Birth _____ Girl ___ Boy ___
Must be in 4th Grade or Higher.

Experience Level:

___ **Beginner** (never curled)

___ **Experienced in years** (curled with instruction)

___ **Bonspiels** (how many approx.)

Parent's Information:

Name _____

Address _____

Phone _____ Cell _____

E-Mail address _____
(will be used for communication on schedule and events)

Food Allergies Or Medical Conditions You Would Like Us To Be Aware Of:

I give my child permission to participate in the Hibbing Junior Curling Program

Parent or Guardian's Signature

A Release of Liability form must accompany the Registration form. The \$20 fee enrolls your child in the Sunday Junior Curling Program.