

2022/23 LEAGUE REGISTRATION FORM

AVONAIR CURLING CLUB

10607 – Princess Elizabeth Avenue

Edmonton, AB T5G 0Y6

Phone: (780) 477-2427; Fax: (780) 477-8256 E-Mail: info@avonaircurlingclub.com

Anything with a * beside it is mandatory for registration

Personal Information

*First Name: _____

*Last Name: _____

*Email Address: _____

*Street Address: _____

*City: _____

*Postal Code: _____

*Phone Number: _____

*Gender: _____

*Year of Birth: _____

Emergency Contact Information

*Emergency Contact Name: _____

*Emergency Contact Relation: _____

*Emergency Contact Phone Number _____

Curling Information

*Skill Level (Circle One): Beginner Intermediate Advanced Competitive

*Are You a New Member to the Avonair? Yes No

*Which Best Applies to You? (Circle One): Able-Bodied Stick Curler Wheelchair

Registration Information

*League: _____

*Team Member Information

*Skip Name: _____

*Vice Name: _____

*Second Name: _____

*Lead Name: _____

Alternate Name: _____

Alternate Name: _____

*Have you Paid Your Curling Alberta Membership at Another Club? Yes No

*Curling Waiver Signed? Yes No

*COVID-19 Waiver Signed? Yes No

*Preferred Payment Method: Credit Debit Cheque E-Transfer Cash

Date: _____ Printed Name: _____

Signature: _____