

# 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](mailto: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: \_\_\_\_\_

Do we have your permission to add your information to a profile in our online system?      Yes      No