



**GREATER VICTORIA**  
**CURLING ACADEMY**

**REGISTRATION FORM**  
**2018-2019**

NAME: FIRST \_\_\_\_\_ LAST \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: H \_\_\_\_\_ C \_\_\_\_\_

EMAIL: PARENT \_\_\_\_\_ ATHLETE \_\_\_\_\_

SCHOOL: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_

**MEDICAL INFORMATION**

PARENT/GUARDIAN NAMES: \_\_\_\_\_

EMERGENCY CONTACT: NAME: \_\_\_\_\_

PHONE: C \_\_\_\_\_ W \_\_\_\_\_

ALLERGIES/MEDICAL CONDITIONS:

\_\_\_\_\_  
\_\_\_\_\_

CARE CARD #: \_\_\_\_\_

FAMILY DOCTOR: NAME \_\_\_\_\_ PHONE \_\_\_\_\_

I hereby give permission for emergency medical treatment to be administered to my son/daughter as may be determined in the reasonable discretion of his/her personal coach or program supervisor. It is understood that whenever reasonably possible, relatives will be contacted and informed of the problem, diagnosis, treatment required and anticipated medical results.  
I understand that it is my responsibility to ensure that the information on this form is kept current and I will notify the coach of any changes immediately.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE (MM/DD/YYYY)

Cost: \$375.00

Please make all cheques payable to: **Greater Victoria Curling Academy**



**GREATER VICTORIA**  
**CURLING ACADEMY**

**ATHLETE EXPERIENCE**

YEARS CURLED: \_\_\_\_\_

CURRENTLY ON A TEAM: Y or N

POSITIONS PLAYED: \_\_\_\_\_

LIST EVENTS PLAYED IN 2017/18 SEASON:

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WHAT ARE YOUR GOALS FOR ACADEMY:

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WHAT IS YOUR COMPETITIVE GOAL FOR THE 2018/19 SEASON:

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WHAT DAYS OF ACADEMY DO YOU PLAN ON ATTENDING:

Monday

Tuesday

Wednesday

WHAT IS A WEAKNESS YOU WANT TO STRENGTHEN IN ACADEMY:

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WHAT EVENTS TO YOU PLAN ON PLAYING IN DURING THE 2018/19 SEASON:

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ARE ANY OF YOUR TEAMMATES IN ACADEMY, IF SO PLEASE LIST THEM:

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***Anything else you want us to know?***