## 2025 - 2026 Youth Membership Registration Form Mail registration form to: **Registration Dates** No in-person registration this season. Completed The Carleton Place Curling Club Registration Applications with payment may be either 120 Patterson Cr. dropped off at CPCC, mailed to CPCC or via email to membership@cpcurling.ca Carleton Place, ON, K7C 4P3 Email: WHERE DID YOU HEAR ABOUT US? youth@cpcurling.ca Phone: (613) 257-1944 http://www.cpcurling.ca Fax: (613) 257-1101 **Registration Information** Family Name: Given Name: School: Birth Date: Gender: Email: Address: **Postal Code:** Town: Province: Phone #: List any medical conditions the curler has which the instructors should be aware of

		Pare	ent / Guardia	n Contact Infor	mation		
Family Name:				Given Name:			
Address:							
Town:				Province:		Postal Code:	
Telephone:				Email:			
Children und	der 12 with a paren			•	r more per week for th	ne whole year) cur	I for FREE!!
		Alternativ	e Parent / Gu	ardian Contac	Information		
Family Name:				Given Name:			
Telephone:				Email:			
		M	embership ra	tes (circle opti			
All fees include 13% HST			AGES	Session 1 (Oct - Dec)	Session 2 (Jan - Apr)	Circle what time	
		U13	under 13	\$40.00	\$40.00	Wednesday a	at 4pm - 6pm
	Bantam	U15	under 15	\$50.00	\$50.00	Wednesday a	at 4pm - 6pm
	Junior	U21	under 21	\$50.00	\$50.00	Wednesday at 4pm - 6pm	
If one parent is a	member and you	r child is betwee	en the ages of 13	3-21 years old you r	nust pay \$20.00 for 0	DCA fees	
Waiver of Liability					Membersh	nip Fees	(includes HS
I assume all risks incidental to participation in Youth Curling and I					Membership Fee(s):		
	ganizers and p						
injury to my daughter/son, except to the extent and in the amount					TOTAL:		
covered by ac	cident or liabilit	y insurance.					
Signature of Parent/Guardian:					Payment Received:	Yes	No
Date:					Parent Member:	Yes	No