

# CFB Halifax Curling Club Junior Program 2009-2010 Application

## SATURDAY MORNING JUNIOR CURLING

CFB Halifax Curling Club is currently taking applications for the 2007- 2008 season. Our program is open to junior curlers from the ages of 7 to 20. We have a light rocks program with full size light rocks for junior's ages 7 to 11. Our program is run over 2 draws on Saturday mornings. The first draw is from 8:30-10:00 and the second is from 10:30 to 12:00.

We plan to begin the season **Saturday, October 10, 2009**. We start with several weeks of clinics. There will be 2 rounds of league play, a Christmas or New Years Spiel, clinics, and parent/junior (Mutt and Jeff) fun days. At the end of the year we have our closing banquet and awards night in April.

The cost of the program will be **\$75** for playing (ages 7-10) or **\$95** (ages 11-20) (**Dues are including HST – Age is as of January 1, 2009**). We supply the brooms and sliders so this is all you need to pay except a small entry fee for some of the special events! Please be sure to register to ensure as we have an adequate number of instructors to meet demand. **Please note: Helmets will be mandatory for age 10 and younger.**

Junior registration will be held on:

**Sunday September 20, 2009 from 5:00PM until 8:00PM**

Please come see us to register and talk about the upcoming season. If you cannot attend in person, please mail or email the application attached to the address below. If you have any other questions please do not hesitate to call Pamela Cortello at 457-1756. You can also email inquiries to Pam at [apcortello@ns.sympatico.ca](mailto:apcortello@ns.sympatico.ca)

## THE EVENING JUNIOR LEAGUE

The Monday evening junior league, for the older, competitive teams will run again this year. If you are interested in this option please contact **Danny Christianson at 497-0797** or [dannyc@farnell.ns.ca](mailto:dannyc@farnell.ns.ca) before **September 15**. Please let us know as soon as possible as space is limited.

Thanks for your interest. We look forward to seeing you in September!  
CFB Junior Committee

**To advance register please mail application to:**  
**Mary MacInnis, Treasurer**  
**CFB Halifax Junior Curling Program**  
**Apt 11, 8 Holland Avenue Bedford, NS, B4A 1L6**  
**Email: [marypat@eastlink.ca](mailto:marypat@eastlink.ca)**

**2009/10 JUNIOR APPLICATION FORM**

Curlers Name: \_\_\_\_\_ Please circle: Male / Female

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age as of Jan 1/09: \_\_\_\_ Email: \_\_\_\_\_  
 DD / MM / YYYY

Street/PO Box Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home phone # \_\_\_\_\_ Cell#: \_\_\_\_\_ (name of holder : \_\_\_\_\_)

Saturday morning Curler: Yes / No Evening Junior Competitive Curler: Yes / No

New curler: \_\_\_\_ Returning Curler: \_\_\_\_ Previous years curling: \_\_\_\_

Full name of Parent/Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

Full name of Parent/Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/guardian willing to help: Yes / No Coaching Level (if applicable) 1 / 2 / 3

On ice instruction  Off ice assistance (Copy of Police Records check will be required)

PAYMENT Cash: \_\_\_\_\_ or Cheque # \_\_\_\_\_ (\$75.00 ages 7 – 11) (\$95.00 ages 12-20)

**(Please make cheque Payable to CFB Halifax Junior Curling – can be dated to October 13, 2009)**

**CFB Halifax – Junior Curling Medical Form**  
**Must be filled out in full at time of registration**

\_\_\_\_\_  
 Health Card Number

\_\_\_\_\_  
 Name of Parent/Guardian- FULL NAME

\_\_\_\_\_  
 Exp. Date

\_\_\_\_\_  
 Home phone

\_\_\_\_\_  
 Work Phone

\_\_\_\_\_  
 Cell phone

\_\_\_\_\_  
 1) Emergency Contact- FULL NAME

\_\_\_\_\_  
 Home phone

\_\_\_\_\_  
 Work Phone

\_\_\_\_\_  
 Cell phone

Relationship to Curler \_\_\_\_\_

In case of emergency, please check the following that you give us permission to carry out:

administer first aid  call ambulance

<b>Previous Injuries</b> (Please list): _____		<b>Allergies</b> (Please List): _____
<b>Check the ones that apply:</b> <input type="checkbox"/> ADHD <input type="checkbox"/> ADD <input type="checkbox"/> Auditory Processing Disorder <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer/leukemia <input type="checkbox"/> Convulsions/seizures	<input type="checkbox"/> Epilepsy <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart trouble <input type="checkbox"/> Hemophilia <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Other _____	<b>Medications</b> (Please list): _____  <b>(Please note that medication administering is the sole responsibility of the curler and/or parent/guardian, and NOT the responsibility of CFB Halifax or any persons volunteering with the junior curling program)</b>

Signature: \_\_\_\_\_

Date: \_\_\_\_\_