

WANT TO LEARN TO CURL?



THEN JOIN FUN CURL!

WHAT: 5 or 6 WEEKLY SESSIONS FOR KIDS IN GRADES 1 TO 4 TO LEARN TO THE BASICS OF CURLING AND HAVE SOME FUN ON THE ICE.

PROGRAM FACILITATED BY CURLSASK

WHEN: JANUARY/FEBRUARY 2018 - MONDAY EVENINGS (dependent on # of participants will be 2 groups)

*** You will be contacted with start date and time**

WHERE: LANGENBURG CURLING CLUB

OTHER INFORMATION:

THANKS TO THE LANGENBURG CURLING CLUB THERE IS NO COST TO ATTEND THIS PROGRAM.

PLEASE WEAR: CLEAN RUNNING SHOES (WITH GOOD GRIPS), GLOVES OR MITTS WITH GRIP, COMFORTABLE PANTS, A WARM SWEATER OR JACKET, AND A HELMET. Kids cannot participate without clean shoes and helmet.

PLEASE BRING A CURLING BROOM (if you have).

**FOR MORE INFORMATION PLEASE CONTACT:
CARLY BERGMAN @**

306-743-7232 OR cnedgerton@hotmail.com

Please complete registration form if your child will be participating in this program



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Deadline to Register will be:

December 4/2017.

REGISTRATION FORM:

CHILD'S NAME: _____ **GRADE :** _____

PARENT'S NAME(S): _____

PARENT CONTACT INFORMATION:

EMAIL: _____

CELLPHONE #: _____

DOES YOUR CHILD HAVE ANY EXPERIENCE CURLING:

YES ____ **NO** ____

IF YES PLEASE GIVE US MORE INFORMATION BELOW:

Parents are welcome on the ice to assist - please just make sure to have clean shoes

I/WE are willing to help on the ice : YES ____ **or NO** ____

Liability Waiver/ Photo Release:

I/We _____ parents/ guardians of _____ consent to his/her participation in the Fun Curl Program in the Langenburg Curling Club. I/We understand that there are risks involved in participating in the sport of curling and I/We agree my/our child will always have protective helmet on when on ice participating in the Fun Curl Program.

I/We do release The Langenburg Curling Club, the instructors of the Fun Curl Program and any other volunteers involved in the on ice instruction of the Fun Curl program from all liability in respect to any injury sustained by my/our son or daughter during participation in this program.

I, _____, hereby give permission for photos taken of my (our) child _____, during the Fun Curl Program in the Langenburg Curling Club to be released to CURLSASK for use in their technical manuals, promotional materials, and website for purposes of promoting the Fun Curl Program. YES _____ NO _____

Signature of Parent: _____ Date: _____