

Kool Ice Curling Bantam League

Bantam Team / Individual Entry

First 12 Teams to apply will be guaranteed a spot. Can host up to 16 Teams.

For Individual entry see bottom of team form on page 4 and indicate level of play and last position

Allocating some spots for Individual / New players

The purpose / goal of this league is to have more playing time for Bantam aged players this will include games / coaching in a fun environment.

\$150.00 per player

Please email completed enrollment to koolicecurling@hotmail.com

Contact Ross 403 466 2541 or Wendy 403 465 2942

Team Name: _____ Number of Years team has been together: _____

Team Manager: _____

Contact telephone Manager # _____

Team Coach _____

Email: _____

This team is planning upon entering the Alberta Curling Play downs Division(s): U15 ____

Please identify the team's top goals (on the ice) for the upcoming curling season:

Curler Information Coach

Name: _____

Number of Years Curled: _____ Home club last year _____

Address: _____ City: _____

Prov: _____

Postal Code: _____ Contact Telephone # (_____) _____ - _____

Email: _____

Level of Coaching Certification Completed: _____

Criminal Record Check Completed: _____

Curler Information Lead

Name: _____ Date of Birth: ____/____/____
DD / MMM / YYYY
Number of Years Curled: _____ Last years home club: _____ Male Female

Address: _____ City: _____
Prov: _____

Postal Code: _____ Contact Telephone # (____) ____-_____

Email: _____

Health Information

Does this participant have a Medical condition that we should be aware of?

Parent / Guardian Contact Information

Mother/Guardian _____ Father/Guardian _____

Home Phone: (____) ____-_____ Home Phone*: (____) ____-_____

Work Phone: (____) ____-_____ Work Phone*: (____) ____-_____

Cell Phone: (____) ____-_____ Cell Phone*: (____) ____-_____

*only enter phone numbers that differ from numbers on the left side

Curler Information Second

Name: _____ Date of Birth: ____/____/____
DD / MMM / YYYY
Number of Years Curled: _____ Last years home club: _____ Male Female

Address: _____ City: _____
Prov: _____

Postal Code: _____ Contact Telephone # (____) ____-_____

Email: _____

Health Information

Does this participant have a Medical condition that we should be aware of?

Parent / Guardian Contact Information

Mother/Guardian _____ Father/Guardian _____

Home Phone: (____) ____-_____ Home Phone*: (____) ____-_____

Work Phone: (____) ____-_____ Work Phone*: (____) ____-_____

Cell Phone: (____) ____-_____ Cell Phone*: (____) ____-_____

*only enter phone numbers that differ from numbers on the left side

Curler Information Third

Name: _____ Date of Birth: ____/____/____
DD / MMM / YYYY

Number of Years Curled: ____ Last years home club: _____ Male Female

Address: _____ City: _____

Prov: _____
Postal Code: _____ Contact Telephone # (____) ____-_____

Email: _____

Health Information

Does this participant have a Medical condition that we should be aware of?

Parent / Guardian Contact Information

Mother/Guardian Name _____ Father/Guardian _____

Home Phone: (____) ____-_____ Home Phone*: (____) ____-_____

Work Phone: (____) ____-_____ Work Phone*: (____) ____-_____

Cell Phone: (____) ____-_____ Cell Phone*: (____) ____-_____

*only enter phone numbers that differ from numbers on the left side

Curler Information Skip

Name: _____ Date of Birth: ____/____/____
DD / MMM / YYYY

Number of Years Curled: ____ Last years home club: _____ Male Female

Address: _____ City: _____

Prov: _____

Postal Code: _____ Contact Telephone # (____) ____-_____

Email: _____

Health Information

Does this participant have a Medical condition that we should be aware of?

Parent / Guardian Contact Information

Mother/Guardian Name _____ Father/Guardian _____

Home Phone: (____) ____-_____ Home Phone*: (____) ____-_____

Work Phone: (____) ____-_____ Work Phone*: (____) ____-_____

Cell Phone: (____) ____-_____ Cell Phone*: (____) ____-_____

*only enter phone numbers that differ from numbers on the left side

Curler Information Fifth

Name: _____ Date of Birth: ____/____/____
DD / MMM / YYYY

Number of Years Curled: _____ Last years home club: _____ Male Female

Address: _____ City: _____

Prov: _____

Postal Code: _____ Contact Telephone # (____) ____-_____

Email: _____

Health Information

Does this participant have a Medical condition that we should be aware of?

Parent / Guardian Contact Information

Mother/Guardian Name _____ Father/Guardian _____

Home Phone: (____) ____-_____ Home Phone*: (____) ____-_____

Work Phone: (____) ____-_____ Work Phone*: (____) ____-_____

Cell Phone: (____) ____-_____ Cell Phone*: (____) ____-_____

*only enter phone numbers that differ from numbers on the left side

Curler Information Individual

Name: _____ Date of Birth: ____/____/____
DD / MMM / YYYY

Number of Years Curled: _____ Last years home club: _____ Male Female

last position of play _____

Address: _____ City: _____

Prov: _____

Postal Code: _____ Contact Telephone # (____) ____-_____

Email: _____

Health Information

Does this participant have a Medical condition that we should be aware of?

Parent / Guardian Contact Information

Mother/Guardian Name _____ Father/Guardian _____

Home Phone: (____) ____-_____ Home Phone*: (____) ____-_____

Work Phone: (____) ____-_____ Work Phone*: (____) ____-_____

Cell Phone: (____) ____-_____ Cell Phone*: (____) ____-_____

*only enter phone numbers that differ from numbers on the left side