

**GNCC Junior Curling Camp**  
Bucks County Curling Club  
**September 2 – September 5**

Please complete this registration form and return it with a check for **\$295** by **August 2, 2016**. Make the check payable to “**GNCC**” and write “**Junior Curling Camp**” in the memo.

Send your check and registration form to:

Ashley Lawreck  
9 Vinton St. Apt. 1  
South Boston, MA 02127

For more information, contact:

Dean Gemmell (Camp Director) [dgemmell@thecurlingshow.com](mailto:dgemmell@thecurlingshow.com)  
Ashley Lawreck (GNCC Junior Coordinator) [alawreck@gmail.com](mailto:alawreck@gmail.com)

Lodging is not included in the price of the camp. Discounted hotel rates available.

Meals will be provided for: Friday dinner, Saturday lunch, Sunday lunch & dinner, Monday lunch

# Registration Form

Clearly print or type

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_ Male \_\_\_\_\_ Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

(All camp correspondence will go to this email address)

T-Shirt Size: \_\_\_\_\_ Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ Extra Large

Special dietary restrictions: \_\_\_\_\_

\_\_\_\_\_

## Curling Experience

Curling Club: \_\_\_\_\_

Number of years curled: \_\_\_\_\_

Attended camp before: \_\_\_\_\_ Yes \_\_\_\_\_ No

Played in bonspiels before: \_\_\_\_\_ Yes \_\_\_\_\_ No

Played in playdowns before: \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you attending camp as part of a team? \_\_\_\_\_ Yes \_\_\_\_\_ No

Teammates: \_\_\_\_\_

\_\_\_\_\_

If you are a guardian interested in volunteering (food service, chaperoning, etc.), please put your information below:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Parent/Guardian Agreement

Parents of athletes who are not 18 years of age must meet the following criteria for their son/daughter to attend the GNCC Junior Curling Camp, hosted by Bucks County Curling Club.

1. The parent/guardian of the athlete must sign this release form, and the completed form must accompany the registration form, returned to Ashley Lawreck.
2. The parent/guardian must provide the name and contact phone number of the adult chaperone who will be responsible for their child.
3. The chaperone will be solely responsible for the athlete's conduct after camp hours.
4. The chaperone will ensure that the athlete is at the curling club at least 15 minutes prior to any scheduled activity.

Agreement:

I, \_\_\_\_\_, am the legal parent/guardian of \_\_\_\_\_  
\_\_\_\_\_. I promise to abide by the rules set by the GNCC Junior Curling Camp staff. I release the staff from the camp responsibility for the actions and safety of my child before and after camp while at the curling club.

Name of adult chaperone: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

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

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

**Adult Athlete Agreement**  
(over 18 years old)

Athletes who are 18 years of age or older must meet the following criteria to attend the GNCC Junior Curling Camp, hosted by Bucks County Curling Club.

1. The athlete must sign this release form, and the completed form must accompany the registration form, returned to Ashley Lawreck.
2. The athlete must provide their contact phone number.
3. The athlete will be solely responsible for the athlete's conduct after camp hours.
4. The athlete is at the curling club at least 15 minutes prior to any scheduled activity.

Agreement:

I, \_\_\_\_\_, promise to abide by the rules set by the GNCC Junior Curling Camp staff. I release the staff from the camp responsibility for my actions and safety before and after camp while at the curling club.

Name of adult chaperone: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

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

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