

Ayr Curling Club

ONE application form required
Per Person

2016-2017 LITTLE ROCK & JUNIOR CURLING APPLICATION FORM

_____		_____		_____	_____
First Name	Last Name	Date of Birth		Male	Female
_____		_____		Gender	
Street	Street Name	Unit/RR	City/Town	Postal Code	
Primary Phone #	_____		Email Address:	_____	
Alternate Phone #	_____		_____		

JUNIOR PROGRAM MEMBERSHIP FEES

I am between 5 and 11 years old (Little Rock)	\$80 *	\$ _____
I am between 12 and 16 years old as of Dec 31/16 (Bantam)	\$80 *	\$ _____
I am between 17 and 19 years old as of Dec 31/16 (Junior)	\$80 *	\$ _____

* Membership fee includes: HST and OCA Fee (\$7)

OPTIONAL FEES

Name Tag	_____ Blue Rock	_____ Red Rock	\$15	\$ _____
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Total Fee Due (Payable to Ayr Curling Club) Cash / Cheque / Debit \$ _____

PLEASE INDICATE THE LEAGUE THAT YOU ARE REGISTERING TO PLAY IN:

			Check where applicable
Sunday	Bantam Curling League*	1.00-2.30 pm	_____
Sunday	Junior Curling League*	1.00-2:30 pm	_____
Sunday	Little Rocks	2.30-3.30 pm	_____

* We expect to run Bantam and Junior curling at the same time & will mix children & skill sets appropriately

LIABILITY WAIVER AND AGREEMENT OF MEMBERSHIP

By signing this form in the space indicated below, I hereby agree that I and the child (named above) are aware of & will adhere to the rules of membership and the policies of the Ayr Curling Club. They (child) wish to participate in the physical activity / sport of curling at the Ayr Curling Club. I fully understand and accept that there are many risks associated with participating in a physical activity on ice. I assume full responsibility for my child's personal safety and my signature below does release and hold harmless anyone involved with the Ayr Curling Club: its employees, volunteers or Board of Directors, from any or all claims and causes of action arising from or out of my child's voluntary attendance & participation at the Ayr Curling Club.

Additionally, my signature constitutes consent that any personal information collected by the Ayr Curling Club via this form (or any other written or electronic means) will be stored and processed exclusively for the purpose of the Ayr Curling Club. I also acknowledge that by providing an email address above that the Ayr Curling Club may contact me electronically to communicate club information as well as distribute annual membership forms to me. On occasion, photographs are taken at Club events. I understand that these photographs may be used for the purposes of advertising, social media posts and/or grant proposals.

I am at least 18 years of age and have the legal capacity to execute this Liability Waiver & Agreement of Membership on behalf of the child named above. My signature below is my attestation to and acceptance of the statements duly outlined above.

Signature of Parent

Date

Ayr Curling Club

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JUNIOR CURLING CLUB MEMBER MEDICAL INFORMATION:

This information is kept on file at the curling club & is accessible (if required) by coaches, Ayr Curling Club staff or medical personnel, in the event of a medical emergency when a parent or legal guardian is not available to provide such information.

Name: _____ Date of Birth: _____

Mother's Name: _____ Father's Name: _____

Contact in case of Emergency: _____

Family Doctor: _____ Phone: _____

Health Insurance Number: _____

Immediate Family Medical History: _____

Medications/ Allergies/ Previous Injuries: _____

Do you carry and know how to administer the Medications?

Yes _____ No _____

Other relevant information: ie: Medical Alert Bracelet or Necklace?

AGREEMENT OF MEMBERSHIP:

I hereby agree to the rules of membership and the Policies of the Ayr Curling Club. I hereby release anyone involved with the Ayr Curling Club, staff, volunteers or Board of Directors, from any or all claims and causes of action arising from or out of my attendance or participation at the Ayr Curling Club. The personal information collected above by the Ayr Curling Club will be stored and processed only if medically required for by the Ayr Curling Club. I also acknowledge that I am responsible for my personal safety on the ice, and will adhere to the instructions of the coaches and the parent volunteers to keep me safe and healthy.

Date: _____ Signature of Curler: _____

Date: _____ Signature of Parent: _____