



Name of Curler		Home Phone	Date of Birth
Address		Town	Postal Code
Parent(s) Name(s)		Email Address	
Cell Phone			
Health Card Number			
Emergency Contact	Relationship	Number to Call	

Curling Status

- New Member (Never been a member of this club)
 Returning Member
 Number of Years Curled _____

OCA Information

- Male 7 - 9
 10 - 18
 19-25
 Female

League Selection

Sunday (1-4:00 p.m.)

- Little Rock (Age 9 and Under) 1-2 pm
 Youth League only (Age 10 and Up) 2-4 pm
 Youth Competitive-Adult League (age 16 of Dec 31)

Adult League

- CYOR Men
 CYOR Ladies
 Tuesday Mixed
 Friday Mixed

Open House/Registration October 4th, 5th, and 6th 2011 @ Bradford & District Curling Club 7 PM – 8 PM
Free Clinic and Program start November 6th 2011 @ Bradford & District Curling Club 2 PM – 4 PM

Membership Fees

	<u>Fees</u>	<u>HST 13%</u>	<u>Total Cost**</u>		
Youth League/Little Rock	\$100	\$13.00	\$113.00	Membership Fee	_____
League, Competitive & Adult League	\$175	\$22.75	\$197.75		
Social Member (Not entitled to any league play)	\$125	\$16.25	\$141.25	Locker Fee	+ _____
Locker Rental	\$26.55	\$3.45	\$30.00	Total	= _____

Fee Payment

Fees in full including post -dated cheques are to accompany this application. Your name will be included only when this application and payment is received in full. Cheques are to be made payable to the Bradford Curling Club.
There will be a \$25.00 admin. charge for NSF Cheques.

Return application and cheque to Peter Fudge 37 Northgate Drive, Bradford L3Z 2H7 (905) 775--0891

Office Use Only:

Date Application Received _____

Date Application Processed _____

Amount received _____

Cheque # _____

Date of Cheque _____

**MINOR/YOUTH CURLER AND PARENT
ACKNOWLEDGEMENT AND CONSENT FORM**

Youth Curler Registrant (PRINT) _____

Note: THIS FORM MUST BE READ AND SIGNED BEFORE THE YOUTH CURLER IS ALLOWED TO TAKE PART IN ANY YOUTH CURLING PROGRAM. BY SIGNING THIS FORM, THE PARENT AND YOUTH CURLER AFFIRM HAVING READ IT.

I. MEDICAL SERVICES

In the event I am not present during an emergency, I hereby give permission to the medical personnel selected by the Program Directors to order x-rays, routine tests and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Youth Program Directors to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my registered child. This form and my child's Youth Program Information Health History Form may be photocopied for use out of Youth Program.

II. PHOTO IMAGES

I hereby give consent to my child's photo to be included in club newsletters, on bulletin boards, and in articles for newspapers. Parental permission will be sought before any names are printed.

III. GENERAL SERVICES

I hereby give consent for the Program Directors to provide my child with emergency medical services, transportation, housing, or meals associated with my child's registration as a Youth curler. Additionally, I hereby agree that in the event I/my child elect(s) to obtain any of these services or medical treatments from any sources other than that provided or approved by the Program Directors, I accept full and complete responsibility.

IV. CONDUCT

I hereby give consent for the Program Directors to apply the following described rules of conduct for Youth curlers and understand that violations may result in full or partial forfeiture of my child's curling club privileges:

1. The transportation, possession or unauthorized use of alcoholic beverages or illegal drugs is prohibited.
2. Any physical damage to a facility, or any loss of items e.g. broom, slider, gripper, or hotel items – blankets, furnishings, etc., will be paid for by those individuals assigned the equipment or the room in which the damage or loss occurs.
3. Posted non-smoking, drinking and other posted rules of conduct at various sites or premises will be observed.
4. Harassment Policy – Expectations of familiarization and strict adherence of this posted policy is expected.
5. Gross misconduct (e.g. theft, fighting, harassment, malicious horseplay, willful destruction of property, or acts considered an offence under federal, provincial, or local laws/ordinances) will not be tolerated.
6. All coaches, officials, supervisors, and fellow curlers are to be respected at all times.

V. RISK OF SERIOUS INJURY

I hereby understand and appreciate that participation as a Youth curler carries risks to my child of serious injury. My child and I voluntarily and knowingly acknowledge, accept and assume these risks, except that which is the result of wanton or willful misconduct.

This is to certify that as a parent/guardian of _____ I have been given the opportunity to explain to my child the stipulated conditions for the Youth curling program registration in the preceding four sections and do consent to his/her registration as a curler under these stipulated conditions.

Signature of Parent/Guardian: _____ **Date of Signature:** _____

Signature of Youth: _____ **Date of Signature:** _____