

Bradford & District Curling Club
PO Box 209
Bradford, ON L3Z 2A8
www.bradfordcurlingclub.ca
905-775-4444
Located at 125 Simcoe Road



Youth League & Membership Form

2017-2018 Season

(Oct 22/17-Mar 29/18)

membership@bradfordcurlingclub.ca

Registration Deadline: **Monday, October 9**

Registration & Open House Dates:

September 19, 20 & 21 at 7pm

Fees & Payment

Fees in full (including post-dated Cheques) must accompany this application. Your name will be included only when this application and payment are received in full. Cheques are to be made payable to the **Bradford Curling Club**. Please return completed application and cheque to Bradford Curling Club, PO Box 209, Bradford L3Z 2A8—or bring to the Registration/Open House. All fees are non-refundable.

**To ensure up to date database and better communications, please fill in ALL info regardless of previous membership years.

Administration Fees

There will be a \$25.00 (+HST) administration charge for

- ◆ Late Fee, Current & 2nd Year Registrations received after October 9, 2017. YOUR team's first game will be forfeited
- ◆ Payments made by installments, an admin fee will be included and payment must be completed by December 5, 2017

CURLER –1 Member/Curler Only per Form

Name: _____

Home Phone: _____

Address: _____

Cell Phone: _____

Town & Postal Code: _____

Email: _____

Years Curled: _____

Curler Date of Birth: _____

Health Card #: _____

Parent (s) Name(s): _____

Email: _____

Emergency Contact _____

Relationship: _____

Number to Call: _____

YOUTH MEMBERSHIP

<input type="checkbox"/>	Little Rockers	Age 9 and under. Sundays 1pm-2pm	\$110.00 + \$14.30 HST = \$124.30
<input type="checkbox"/>	Youth Curling	Age 10 and up. Sundays 2pm-3pm	\$110.00 + \$14.30 HST = \$124.30
<input type="checkbox"/>	Bantam/Junior Competitive	Includes Sunday Youth Curling plus weekly competitive team clinic/team practice. Emphasis on developing advanced skills to compete in outside events with club or school teams. NOTE: additional fees for bonspiels/events applicable.	\$125.00 + \$16.25 HST = \$141.25
<input type="checkbox"/>	Competitive Plus Adult League (s)	Includes Sunday Youth Curling . Membership/sparing privileges in adult leagues. Must be 16 years of age as of December 31, 2017. Please indicate which league (s) you wish to join: <input type="checkbox"/> Men (MON) <input type="checkbox"/> Men (THURS) <input type="checkbox"/> Women (WED) <input type="checkbox"/> Mixed (TUES) <input type="checkbox"/> Mixed (FRI)	\$175.00 + \$22.75 HST = \$197.75
<input type="checkbox"/>	Locker Rental	Available for use for the current season.	\$26.55 + \$3.45 HST = \$30.00

OCA YOUTH INFORMATION

<input type="checkbox"/> Male	<input type="checkbox"/> 7-9
<input type="checkbox"/> Female	<input type="checkbox"/> 10-18
	<input type="checkbox"/> 19-25

TOTAL FEES DUE

Select and enter fees applicable to your choice of membership and league (s). Make sure to enter total fee.

Youth Curling Fee: \$

Locker Fee: \$

TOTAL PAYABLE DUE: \$

MINOR/YOUTH CURLER AND PARENT ACKNOWLEDGEMENT AND CONSENT

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:

- The transportation, possession or unauthorized use of alcoholic beverages or illegal drugs is prohibited.
• 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.
• Posted non-smoking, drinking and other posted rules of conduct at various sites or premises will be observed.
• Harassment Policy - Expectations of familiarization and strict adherence of this posted policy is expected.
• 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.
• 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: _____

OFFICE USE ONLY

Date Received: _____ Date Processed: _____ Amount Received: _____
Cheque#/Cash _____ Date of Cheque: _____ Name on Cheque: _____
Fee: _____ HST: _____ Payment ID: _____ Locker #: _____