

A Parent / Guardian will be required to complete and sign all forms prior to the participant going onto the ice: Agreement of Membership, Medical Information, Emergency Contacts, Photographic Release. If these forms are not completed in advance, please ensure that a Parent / Guardian is present on the first day of curling.

<u>Membership Fee</u>	<u>2011/12</u>	<u>Payment Type</u>	
Junior (12-19 yrs)	\$90.00	Cash/Visa/MC/Debit	<input type="checkbox"/>
Little Rocks (6-12 yrs)	\$60.00	Cash/Visa/MC/Debit	<input type="checkbox"/>

Cheques payable to: Barrie Curling Club 175 Essa Road, Barrie, ON L4N 3L2 705-726-1351
Email: BCCL@barriecurlingclub.com

Participant Information – Please Print Clearly

Last Name: _____ First Name: _____

M/F: _____ Birth date (m/d/y): _____ # of yrs curled: _____ School: _____

Main Contact - Please Print Clearly

Last Name: _____ First Name: _____

Full Address: _____

_____ Postal Code: _____

E-mail address: _____

Home # () _____ Bus # () _____ Cell # () _____

Phone numbers & email addresses will be shared with Club Manager & League Convenor unless advised otherwise.

High School Curling

High School Curling is operated by the GBSSA (Georgian Bay Secondary School Athletics). Participation in this league is subject to program availability at participating secondary schools. High School curlers may also sign-up to curl in the regular Junior section as part of their registration fee, subject to availability of space.

AGREEMENT OF MEMBERSHIP

My children and I agree to abide by the rules of membership and the policies of the Barrie Curling Club. I hereby release anyone involved with the Barrie Curling Club, staff, volunteers or the Board of Directors, from any or all claims for damages, claims and causes of action arising from or out of my children's attendance at the Barrie Curling Club. The Barrie Curling Club is not a nut-free environment. For all participants in the Little Rocks program, a C.S.A. approved helmet is highly recommended.

PHOTOGRAPHIC RELEASE

The Barrie Curling Club may take photographs of the participants during regular activities for use in promotional material that may include printed brochures and posting on the Club's web site.

I permit my son's / daughter's photograph to be used as described above.

I **do not** permit my son's / daughter's photograph to be used as described above.

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

**BARRIE CURLING CLUB
JUNIOR & LITTLE ROCK
MEDICAL DATA FORM
2011-2012**

(Please Print)

Participants Name: _____

Address: _____ City: _____ Postal Code: _____

Email: _____

Home Telephone: _____ Emergency Phone: _____

Mother / Fathers Name: _____

Date of Birth: _____ Health Card No: _____

Doctor's Name: _____ Phone Number: _____

Dentist's Name: _____ Phone Number: _____

If parents are unavailable, person to contact in case of an emergency:

Name: _____

Address: _____ City: _____ Postal Code: _____

Telephone No: _____

List any known medical problems or medications taken on a regular basis that should be known to your coordinator.

I understand that, in the event that no one can be contacted, the Barrie Curling club staff or volunteers will admit my child to hospital if deemed necessary. I also understand, that under no circumstances is the Barrie Curling Club or its staff or volunteers, liable or responsible for the treatment of said injured or ill player. I hereby authorize the physician and nursing staff on duty at any emergency unit to undertake examination, investigation and necessary treatment of my child.

Signature of Parent/Guardian: _____

Print Name: _____ **Date:** _____