



41 BOND STREET WEST, P.O. BOX 651
FENELON FALLS, ON, K0M 1N0
<http://www.ffcc.ca> PHONE: (705) 887-2611

YOUTH REGISTRATION.....2017 - 2018 SEASON
SUNDAY AFTERNOONS 1:00 P.M. TO 3:00 P.M.

SURNAME: _____ FIRST NAME: _____
DATE OF BIRTH: MONTH: _____ DAY: _____ YEAR: _____ YRS. CURLED ()
GENDER: MALE: () FEMALE: () OHIP #: _____
MEDICAL ISSUES WE SHOULD BE AWARE OF: _____

PARENTS' NAMES: _____
STREET ADDRESS/ CITY/ PROVINCE: _____
P.O. BOX _____ POSTAL CODE: _____
HOME PHONE: _____ WORK OR CELL # _____
EMAIL ADDRESS: _____

ALTERNATE CONTACT NAME & PHONE # _____
EMAIL ADDRESS: _____

SCHOOL: _____ PHONE # _____

DO YOU WISH TO PARTICIPATE IN INTER-CLUB BONSPIELS? YES ()

DO YOU WISH TO PARTICIPATE IN COMPETITIVE CURLING? YES () NO ()

MEDIA RELEASE *** YES () NO ()

*** IF YOU ACCEPT THE MEDIA RELEASE YOU ARE GIVING US PERMISSION TO PROVIDE YOUR NAME AND PICTURE TO THE MEDIA IN RELATION TO FFCC YOUTH CURLING EVENTS.

THE FENELON FALLS CURLING CLUB, THE ONTARIO CURLING ASSOCIATION (OCA) AND THE CANADIAN CURLING ASSOC. (CCA) MAY USE INFORMATION PROVIDED WITH THIS APPLICATION FOR ADMINISTRATION PURPOSES.



YOUTH REGISTRATION CONT'D. 2017-2018 SEASON

PHONE NUMBERS AND E-MAIL ADDRESSES ARE FOR F.F.C.C. PURPOSES ONLY.

WAIVER: I AM AWARE THAT THERE ARE RISKS, DANGERS, AND HAZARDS FOR MY CHILD DURING CURLING INCLUDING, BUT NOT LIMITED TO: INJURIES FROM VIGOROUS EXERTION AND STRENUOUS WORKOUTS, INJURIES RESULTING FROM SLIPS, FALLS TO THE GROUND, INJURIES FROM BEING STRUCK, OR COLLIDING WITH OTHER PARTICIPANTS, RISKS ASSOCIATED WITH TRAVEL TO AND FROM THE CLUB, AND ADDITIONAL RISKS ASSOCIATED WITH NON-COMPETITIVE ACTIVITIES WHICH ARE AN AN INTEGRAL PART OF COMPETITIVE EVENTS. I ALSO UNDERSTAND THAT INJURIES SUSTAINED IN CURLING OR COMPETITION CAN BE SEVERE OR EVEN FATAL. I AGREE TO HAVE MY CHILD PARTICIPATE IN THE SPORT OF CURLING AND ACKNOWLEDGE THE ASSOCIATED RISKS INVOLVED IN HIS/HER PARTICIPATION AND WILLINGLY ACCEPT THOSE RISKS.

IF YOU ARE UNABLE TO ATTEND REGISTRATION NIGHT PLEASE MAIL THIS FORM WITH PAYMENT TO: FENELON FALLS CURLING CLUB. 41 BOND ST. W. P.O. BOX 651 K0M 1N0
ATTN: YOUTH CURLING PROGRAM

CHEQUES MADE PAYABLE TO FENELON FALLS CURLING CLUB.

2017 - 2018 (CLUB FEES: _____ \$90.00 (INCLUDES OCA FEES & TAXES)

SIGNATURE OF PARENT OR GUARDIAN: _____

METHOD OF PAYMENT: _____ DATE: _____

SEE YOU ON THE ICE !!!!!