

**BRANT CURLING CLUB
BANTAM / JUNIOR CURLERS
2011-2012 MEMBERSHIP FORM**

Please print and complete the information on both sides.

NAME _____ MALE _____ FEMALE _____
 STATUS _____ RETURNING _____ LITTLE ROCK GRAD _____ NEW _____
 ADDRESS _____ CITY _____
 POSTAL CODE _____ PHONE _____ DIVISION _____
 CURLER'S E-MAIL _____ Bantam (born 1995 or later)
(optional) (16 or under on Dec 31, 2011)
 SCHOOL _____ Junior (born 1991 or later)
(20 or under on Dec 31, 2011)

BANTAM / JUNIOR CURLING FEES

<u>Annual Fee</u>		<u>Office Use Only</u>
Registration Fee	\$ 59.37	Date Paid _____
OCA Fee	7.00	Received by _____
HST	<u>8.63</u>	
Total	\$ 75.00	

AGREEMENT OF MEMBERSHIP

My children and I agree to abide by the rules of membership and the policies of the Brant Curling Club. I hereby release anyone involved from the Brant 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 or my children's attendance at the Brant Curling Club. Any personal information collected by the Brant Curling Club will be stored and processed exclusively for the purposes of the Brant Curling Club.

Curler's name and phone number may appear in the Club directory? YES NO

Name of Parent or Guardian _____

Signature of Parent or Guardian _____ Date _____

(curler may sign if age is 18 or over)

(Please Complete Medical Data Form)

**BRANT CURLING CLUB
BANTAM / JUNIOR MEDICAL DATA
2011-2012**

This form must be completed before the curler is permitted to go on the ice. PLEASE PRINT

NAME _____ **HOME PHONE** _____
ADDRESS _____ **DATE OF BIRTH** _____
CITY _____ **POSTAL CODE** _____

Parent Guardian Information

GUARDIAN #1 _____ **GUARDIAN #2** _____
CELL PHONE _____ **CELL PHONE** _____
E-MAIL _____ **E-MAIL** _____

Emergency Information (if guardians are unavailable)

CONTACT # 1 _____ **PHONE** _____
CONTACT # 2 _____ **PHONE** _____
DOCTOR _____ **PHONE** _____
DENTIST _____ **PHONE** _____

Medical problems or medications taken on a regular basis that should be known to the coordinators.

I understand that, in the event that no one can be contacted, the Brant Curling Club staff or volunteers will admit my child to the hospital if deemed necessary. I also understand that under no circumstances is the Brant 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.

Parent / Guardian (please print) _____

Parent / Guardian (signature) _____ Date _____