

**Little Rocks/ Bantam/Junior Curling  
2021-2022 Membership Application Form**



**Name:** \_\_\_\_\_ **Male:** \_\_\_\_\_ **Female:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

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**Bantam & Junior Curling Fees \$225.00**

**Little Rocks Curling fee is \$175.00**

**Date paid:** \_\_\_\_\_ **Payment Type:** \_\_\_\_\_

**Parent – Club fundraising fee \$50.00**

**Date Paid:** \_\_\_\_\_

**Payment Type:** cash or cheque

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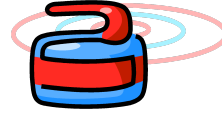
**Agreement of Membership:**

**My children and I agree to abide by the rules of membership and the policies of the Fort Frances Curling Club. I hereby release anyone involved – The Fort Frances Curling Club, staff, volunteers or the Board of Directors, from any or all claims of damages, claims and causes of action arising from or out of my or my children’s attendance at the Fort Frances Curling Club.**

**Name of Parent or Guardian:** \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_

**Please complete both sides of this form.**



## Medical Data Form

Please Print

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Emergency Phone:** \_\_\_\_\_

**Mother/Father Guardian Name(s):** \_\_\_\_\_

**Health card number:** \_\_\_\_\_

**If parents/guardian is unavailable, person to contact in case of an accident or an emergency:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Photography Release:**

I hereby give permission for images of my child, captured during Fort Frances Curling Club Bantam/Junior/Little Rock curling events and instruction through video, photo and digital camera to be used solely for the purposes of Fort Frances Curling Club promotional material and publications, and waive any rights of compensation or ownership hereto.

**Parent or guardian's signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_