



Little Rocks/ Bantam/Junior Curling 2025-26 Membership Application Form

Name: _____

Male:___Female: ____

Phone: _____

Age: _____

Date of Birth: _____

Grade: _____

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Email Address: _____

Bantam & Junior Curling Fee (2 sessions per week) \$375.00

Little Rocks Curling Fee (1 session per week) \$285.00

Date paid: _____ Payment Type: _____

Parent – Volunteer Deposit \$100.00 for each participant

Little Rocks 4 hours of volunteer time

Bantam and Juniors 6 hours of volunteer time

(See Youth Curling board downstairs for volunteer opportunities)

PLUS one book of CASH DRAW TICKETS \$50.00

(One book per family)

Date Paid: _____

Payment Type: cash or cheque

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 Curl Fort Frances Community Centre staff or volunteers will admit my child to the hospital if deemed necessary. I also understand that under no circumstances is the Curl Fort Frances Community Centre 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 the Curl Fort Frances Community Centre Bantam/Junior/Little Rock curling events and instruction through video, photo and digital camera to be used solely for the purposes of the Curl Fort Frances Community Centre's promotional material and publications, and waive any rights of compensation or ownership hereto.

Parent or guardian's signature: _____

Print Name: _____

Date: _____