

# ELMWOOD CURLING CLUB

300 Brazier St, Winnipeg, MB R2L 1P3

## 2016 JUNIOR REGISTRATION FORM

### CURLER INFORMATION (please print)

Name: \_\_\_\_\_  
Given Name Surname

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

Gender: \_\_\_\_\_ Birthdate: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Relevant Allergy/Medical Information: \_\_\_\_\_

Parent(s)/Guardian Name(s): \_\_\_\_\_

Years Curled: \_\_\_ Experience (Little Rocks, School, etc.) \_\_\_\_\_

Individual Entry: \_\_\_\_\_ (Please place me on a team)

If possible, I would like to play with the following friend(s): \_\_\_\_\_

We will do our best to accommodate your request. However, if necessary we reserve the right to place your daughter/son on a team we feel would best fit based on such factors as registration numbers, experience and/or their ability.

**TEAM ENTRY:** We would like to enter as a team. Each curler must fill out a separate registration form.

Skip: \_\_\_\_\_ Third: \_\_\_\_\_

Second: \_\_\_\_\_ Lead: \_\_\_\_\_

**Note:** All personal information collected as per Elmwood's privacy policy, available at the club. All group email communications are done as blind copies.

### LEAGUE INFORMATION

Time: Saturdays -12:30 pm - 2:30 pm **NOTE: Time subject to change depending on registration numbers.**

**Start Date:** Normally the first weekend after Thanksgiving. Full schedule provided, once set.

**Fees:** **\$120** which includes wind-up, \$10 Capital Asset Program (CAP) Levy as well as \$6 CurlManitoba Association fee.

Please make cheques payable to **Elmwood Curling Club** and forward to the above address, indicating **Junior Curling. PAYMENT MUST ACCOMPANY REGISTRATION**

### WAIVER OF LIABILITY

I knowingly and freely assume the inherent risks both known and unknown associated with this program, even if arising from the negligence of the curling club, program instructors or others, and assume full responsibility for my participation;

\_\_\_\_\_  
This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above for myself and my child, I release Elmwood Curling Club, the program and the instructors from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from the negligence of the releasees.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office use only:** Payment Received \_\_\_\_\_ Cash \_\_\_ Cheque \_\_\_ Receipt Issued \_\_\_ Initials \_\_\_