



COLBORNE CURLING CLUB

"The Little Club That Rocks"

PO Box 128
8 Durham Street North, Colborne Ontario K0K 1S0

Phone: 905-355-3787



Youth Program

Membership Registration Form

Name: _____

Male:

Female

Address: _____ Town/Village: _____

Postal Code: _____ Telephone: _____

Date of Birth (YYYY/MM/DD): _____ Age: _____

School: _____
Email: _____

Membership Status:

- New Member:
- Returning Member
- Last year curled: _____

Annual Fee:

- Membership Fee: \$N/A

Office Use Only

Paid by cheque or cash

Cheque # _____

Date: _____

Equipment is available on first come basis.

Agreement of Membership

My children and I agree to abide by the rules of membership and the policies of the Colborne Curling Club. I hereby release anyone involved in the Colborne 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 child's attendance at the Colborne Curling Club.

Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____ Date: _____

Please talk to one of the coaches if you wish to contribute toward the success of this program by volunteering.

If more information is required call Jack Vollering 905-355-5703.



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Youth Program

Youth Medical Form *(Please Print)*

Name: _____

Address: _____

Town/Village: _____ Postal Code: _____

Home Phone # _____

Mother/Father/Guardian Name and Contact #

Health insurance number: _____

Doctor's Name and Telephone #: _____

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

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

Does the participant carry and know how to administer his or her own medications?

Yes

No

I understand that, in the event that no one can be contacted, the Colborne Curling Club staff or volunteers will admit my child to the hospital if deemed necessary. I also understand, that under no circumstances is the Colborne 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 or any emergency unit to undertake examination, investigation and necessary treatment of my child.

Parent or Guardian (signature) _____

Print Name: _____

Date: _____