

For Office Use

Membership Type \_\_\_\_\_

# Youth/Special Olympics Curling Registration



### Athlete:

Last Name:		First Name:		Age:
Address:				
City:		Postal Code:		Birthday:
Telephone:		E-Mail:		Gender:

### Family Contact, Health, and Emergency Information:

	Name	Mobile	Work	Email
Parent Guardian				
Parent Guardian				
Emergency Contact				

Physician Name		Phone	
Known Allergies			
Physical Limitations			
Current Medications:			
OHIP Number			

### Programs and Fees:

Choose One	Program	Fee	HST	Total
<input type="radio"/>	Little Rocks/Special Olympics	\$75.00	\$ 9.75	\$ 84.75
<input type="radio"/>	Bantam/Junior	\$90.00	\$11.70	\$101.70
<input type="radio"/>	Bantam/Junior Competitive	\$130.00	\$16.90	\$146.90

Method of Payment - Cheques payable to: Grimsby Curling Club- Cheque # \_\_\_\_\_

Or

Cash

Visa

MasterCard

Debit Card

# Youth/Special Olympics Curling Registration

**Parent/Guardian Participation Agreements:** I, \_\_\_\_\_ (parent/guardian), do hereby give my permission for \_\_\_\_\_ (participant) to participate in the youth curling program offered by Grimsby Curling Club.

By signing this document, I hereby absolve Grimsby Curling Club, its officers, directors, employees, and volunteers of all liabilities concerning personal injury, property damage, equipment loss, or death. I realize that transportation to and from the program is my responsibility, and that if anyone connected with the program transports my child on my behalf, I will hold the party/parties involved blameless of any accident or injury that may occur. Such absolution is to be binding when the above individuals are acting within the scope of the activity. I hereby accept the coaches, instructors, supervision, facilities, and equipment, as being satisfactory. I understand that insurance coverage is my/our responsibility, and I/we certify the I/we have read and agree to the terms stated above and that all information provided is correct to the best of my/our knowledge.

**In the event of an emergency,** Participant and his or her legal guardian authorize Grimsby Curling Club's Coaches or officials to secure from any licensed hospital, physician, and/or medical personnel, any treatment deemed necessary for Participant's immediate care. Participant's legal guardian agrees that he or she will be responsible to pay for any and all medical services rendered.

**Photo Release:** You or your child's likeness may be captured by the club for use in promotional, news, or informational media. Your participation in this activity implies your consent.

## Code of Ethics / Responsibilities for Parents

- I will have my child delivered and picked up on time; every time.
- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at all events.
- I will place the emotional and physical well-being of my child ahead of any personal desire to win.
- I will insist that my child play in a safe and healthy environment.
- I will provide support for coaches and officials working with my child to provide a positive, enjoyable experience for all.
- I will remember that the game is for children and not for adults.
- I will do my very best to make youth sports fun for my child and all children involved.
- I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.
- I will promise to help my child enjoy the youth curling experience within my personal constraints by being a respectful fan, providing transportation, or whatever I am capable of doing.

DISCIPLINARY PENALTIES WILL BE ASSESSED AGAINST FANS, COACHES, SPECTATORS, PLAYERS, LEAGUE OFFICIALS, AND PARENTS WHO VIOLATE THE GRIMSBY CURLING CLUB CODE OF ETHICS. IT IS YOUR RESPONSIBILITY TO READ THESE ETHICS AND ABIDE BY THEM.

Recognizing that Grimsby Curling Club and its coaches, employees, and officers will do its best to ensure a safe experience, I understand that accidents may occur both from my child's participation in youth curling activities and from transportation to and from the program. I agree to assume these risks. By signing below, I release the Grimsby Curling Club, its employees, volunteers, officers and directors from all liability based on any damage, loss or injury whether it is the result of ordinary negligence or otherwise, caused to my child or to me, from participation in the youth curling program.

**I have read and understand the above and have completed this form to the best of my ability. I also support the clubs philosophy, which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement and volunteer leadership.**

Signed:	Date:
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