Williamsford Curling Club

Youth Registration Form

Name of child: _____ **Age:** _____

Name of child: _____ **Age:** _____

Name of child: _____ **Age:** _____

Address: _____

Name of parent: _____ **Phone #:** _____

Email: _____

Name of parent: _____ **Phone #:** _____

Email: _____

Junior/Youth 3 years of age and up begins Sundays in Nov. Start date and time to be determined.

*** Volunteering is required as part of membership for the club. Please select what type of volunteer activities you, or your child, would be willing to help with throughout the year:**

- ☐ Bartending - for Club
- ☐ Ice Preparation
- ☐ Assist at Music Jam / Club Events
- ☐ Craft Sale Lunch Counter
- ☐ Run / Assist with a Bonspiel
- ☐ Getting Silent Auction Items for Bonspiels
- ☐ Kitchen Help for Bonspiels / Events
- ☐ Baking Pies / Treats for Events

League Fees

Please indicate number of Junior /Youth participants per family: *check one/two/three or more*

One: ☐ Two: ☐ Three of more: ☐

Total Due $_____

Payment Method: Cash: ☐ Cheque: ☐ E-Transfer: ☐

*Note: If paying by E-Transfer, please include in the comments the full name of any person(s) included in the payment as well as what league they have signed up for.

(Example: John Doe, Master's Jill Doe, Youth)

E-transfer payments should be sent to: williamsfordcurlingclub6@gmail.com

****** I give permission to allow use of my photo on social media. YES: ☐ NO: ☐

Signature of Parent or Guardian: _____ Date: _____

Williamsford Curling Club
INFORMED CONSENT AND ASSUMPTION OF RISK AGREEMENT
2025-2026

For Participants Under the Age of Majority

NOTE! Parent or Guardian, please read CAREFULLY. By signing this agreement, you will assume certain risks and responsibilities.

Participant 1 name:_____ Date of Birth (yyyy/mm/dd):_____

Participant 2 name:_____ Date of Birth (yyyy/mm/dd):_____

Participant 3 name:_____ Date of Birth (yyyy/mm/dd):_____

1. This is a legal binding agreement. Clarify any concerns prior to signing.
2. As a participant in the sport of curling and the activities, programs, classes, services and events sponsored or organized by: Williamsford Curling Club
3. A) Participant and their Parent/Guardian acknowledges and understands risks of curling include, but are not limited to injuries from:
    - Being struck by a broom, brush, stick or curling stone
    - Physical exertion such as turns, stops, sweeping, delivering the stone etc.
    - Falling due to slippery, uneven or irregular ice surfaces
    - Falling while delivering the stone, sweeping or skipping etc.
    - Physical contact with another participant on the ice.
    - Running or sliding on the ice.
    - Stepping onto or off of the ice surface or the hack.
    - Fatigue and other personal physical factors

    B) Participant and their Parent/Guardian acknowledges and understands risks of curling also include, but are not limited to exposure that may cause illnesses that include, but are not limited to:
    - COVID-19 and other communicable illnesses and health conditions.

TERMS

As a participant in the Williamsford Curling Club programs, activities and events, the undersigned being the Participant and the Participants Parent/Guardian acknowledges and agrees the Participant is participating voluntarily and agree to the following terms:

a) The participants mental and physical condition is appropriate and assume all risks related to this.
b) To comply with all rules and regulations for participation in activities.
c) The participant will not participate if impaired in any way.
d) It is their sole responsibility to assess if an activity is too difficult for the participant. By commencing they accept the suitability and conditions of the activity.
e) They are responsible for the choice of the participant's safety or protective equipment and secure fitting of that equipment.

Acknowledgement.

I acknowledge that I, the Parent/Guardian have read this agreement and understand it, and signed it voluntarily, and that this agreement is binding upon their family and heirs and legal or personal representatives.

_____

Name of Parent/Guardian

_____ Date(yyyy/mm/dd):_____

Signature of Parent/Guardian