



2019 - 2020 LITTLE ROCK REGISTRATION FORM (Ages 7-10)

Penetanguishene Curling Club, 8 Owen Street, Penetanguishene, ON L9M 1M8
Tel: 705-549-8981

Email: penetangcurlingclub@outlook.com Website: www.penetangcurlingclub.ca

Get out of your house and into ours!

Child's Name: _____

Age as at Dec. 31, 2019: _____ # Years Curled: _____

Contact Parent/ Guardian: _____

Telephone #: _____ Email: _____

Address: _____ P.C. _____

I, _____ the parent/guardian, understand that if my child is under 10 years of age I will provide supervision when he/she is curling at the Penetanguishene Curling Club Incorporated. Appropriate behavior, on & off the ice surface is required. Our volunteer instructors, certified and non-certified, expect co-operation & adherence to the safety issues. Failure to comply will result in dismissal from the Little Rocks program. The Penetanguishene Curling Club Incorporated is not responsible for theft or accident, which may occur on the premises.

I give permission for my child _____ to be photographed/televised while curling & allow his/her name to be used when posting curling results on the web, paper, television or radio.

I would like to provide some volunteer time toward the Little Rock Program at The Penetanguishene Curling Club Incorporated: Parent/Guardian Initials required: _____

Cost for Little Rock: \$55
Monday's 4:30pm - 5:30pm
Starts Mon., October 28th, 2019
Ends: Mon., March 9th, 2020

****Helmets and clean running shoes must be provided by curler and worn while on the ice****
****Brooms & slip-on sliders will be supplied by Club****

SIGN WAIVER ON BACK OF FORM

See over





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Acknowledgement & Release:

I acknowledge the risks and hazards inherent in the sport of curling & I acknowledge that I am aware of protective equipment, including footwear & helmets that may reduce the risk of injury or death while participating in the sport. I voluntarily assume all risk of loss, damage or injury, including death, connected with my presence, at any time & for any reason, at Penetanguishene Curling Club Incorporated.

In consideration of receiving a membership in the Penetanguishene Curling Club Incorporated, I hereby release, & forever discharge Penetanguishene Curling Club Incorporated & its directors, members, officers, employees, contractors, successors, coaches, instructors, volunteers & assigns from all claims, actions & causes of action of any kind whatsoever in respect of death, injury, loss or damage to my person or property, howsoever caused, arising or to arise in conjunction with my participation in the sport of curling or my presence, at any time and for any reason, at the premises of Penetanguishene Curling Club Incorporated & notwithstanding that the death, injury, loss or damage may have been contributed to or caused by the negligence of any of the aforesaid.

Name (Please Print): _____

Signature: _____ Date: _____

**Acknowledgement and Release must be signed by Parent or Guardian for Students under 18*

FOR OFFICE USE

Payment Methods:

	AMOUNT	CREDIT CARD NO.	EXPIRY	
CASH				_____ Date Processed
CHEQUE #				
				_____ Authorization #
VISA				
MASTERCARD				_____ By