



SUNDAY MORNING LEAGUE REGISTRATION FORM 2019-2020

Penetanguishene Curling Club Inc., 8 Owen Street, Penetanguishene, ON L9M 1M8

Tel: 705-549-8981

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

Name:	Main Phone #:
Full Mailing Address with Postal Code (Non Members Only):	E-mail (needed to send info re: events, league schedules, etc.):

League Fees: (ALL FEES MUST BE PAID IN FULL AT TIME OF REGISTRATION OR PRIOR TO PLAYING IN A LEAGUE)

Category	Fee	<input checked="" type="checkbox"/>
Penetanguishene Curling Club Member	Included in Membership	
Non Member	\$150.00	

GRAND TOTAL

Team Members:

Team Status	<input checked="" type="checkbox"/>
Have a Team	
Sign up as Individual	

Teammates (If selected "Have a Team" above):

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League Times:

League will run on Sundays.

Time TBD (Between 9am-11am draw time).

SIGN WAIVER ON BACK OF FORM

See over



MEMBER REGISTRATION FORM 2019-2020



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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 _____ Authorization # _____ By
CHEQUE #				
VISA				
MASTERCARD				