



# Oliver Curling Club

## Junior Registration Form 2020/21

Last Name:	First Name:
------------	-------------

Age (As of December 31, 2020):	Birth Date: (Y)____(M)____(D)_____
--------------------------------	------------------------------------

Address:
----------

Mailing Address:	Email:
------------------	--------

Emergency Contact (Name and Phone Numbers):
---

--

Fee: \$50 to curl in an Adult League for Half Season  (Please make cheque payable to the Oliver Curling Club or OCC. Thank you.)	Date:		Amount Paid:	
	Method:		Owing:	
	Receipt Issued:		Initial:	

Curling Experience:	Have you curled before? _____. If yes, for how many years? _____.
---------------------	---

Consent Form: I hereby grant authority to the Oliver Curling Club Society or its representative to take or authorize any action intended to assist the above named curler in any emergency situation.
--

Parent or Guardian's Place of Work:
-------------------------------------

Work Phone Number:	Curler's BC Medical Service Plan Number:
--------------------	--

Medications being taken by curler:
------------------------------------

Allergies:
------------

Medical condition(s) of note:
-------------------------------

Family Doctor:	Phone Number:
----------------	---------------

--	--

Name of Parent or Guardian (Print)	(Signature)
------------------------------------	-------------

<b>WAIVERS:</b> On occasion, pictures of the children are taken for publication in local newspapers or the seasonal Recreation Guide. Please indicate whether this is permitted for your child: <input type="checkbox"/> Yes <input type="checkbox"/> No Signature: _____
--

Do you give your permission to provide Curl BC with the information they request for insurance purposes for your child? <input type="checkbox"/> Yes <input type="checkbox"/> No Signature: _____
---

Revised December 7, 2020
--------------------------

**HAVE YOU SIGNED AND INCLUDED YOUR WAIVER AND DECLARATION?**