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	**Date:**		**Amount Paid:**	
(Please make cheque payable to the Oliver	**Method:**		**Owing:**	
Curling Club or OCC. Thank you.)	**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)**

WAIVERS:

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:

( ) Yes ( ) No Signature: _____

Do you give your permission to provide Curl BC with the information they request for insurance purposes for your child?

( ) Yes ( ) No Signature: _____

Revised September 1, 2020

HAVE YOU SIGNED AND INCLUDED YOUR WAIVER AND DECLARATION?