



**JUNIOR REGISTRATION FORM: 2018-19**  
 735 McKinney Rd., Oliver, BC V0H 1T3 Ph: 250-498-2244  
 Website: www.eastlinkcurlingcentre.ca  
 Email: occ@eastlink.ca

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Age (As of December 31, 2018):** \_\_\_\_\_ **Birth Date:** (Y)\_\_\_\_ (M)\_\_\_\_ (D)\_\_\_\_\_

**Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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

\_\_\_\_\_

<b>Fee: \$60.</b> (Please make cheque payable to the Oliver Curling Club or OCC. Thank you.)	<b>Date:</b>		<b>Amount Paid:</b>	
	<b>Method:</b>		<b>Owing:</b>	
	<b>Receipt Issued:</b>		<b>Initial:</b>	

**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-please 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, 2018

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