



Golden Ears Junior Curling Program

Club Registration Form 2009-2010 Season

Minimum Age: 10

Fees: \$120.00 (includes a \$25 fundraising fee)
One cheque payable to: Golden Ears Winter Club

Full Name: _____ Birthdate: _____

Address: _____

Parent's Name: _____

Email(s): _____

How did you hear about GEWC Junior Curling?: _____

Medical Information (kept confidential)

Emergency Contact #1: _____ Phone No.: _____

Emergency Contact #2: _____ Phone No.: _____

Family Doctor: _____ Phone No.: _____

Care Card No.: _____

Medications: _____ Allergies: _____

Does participant carry/know how to administer his/her own medications? Yes No

Previous Injuries/Other Conditions: _____

Liability Waiver: It is the condition of participation in any recreational activity of a program provided by or on behalf of the Golden Ears Junior Curling Program, its agents, servants or employees, that the participant does so at his own risk and the Golden Ears Junior Curling Program, or the Golden Ears Winter Club is not liable for any loss, injury or ambulance services resulting from or in connections with such participation.

Participant's signature (parent or guardian, if under 19 years of age):

Participant/Parent/Guardian _____ Date: _____

Witness _____ Date: _____