

BEAVERTON CURLING CLUB

YOUTH 2023/2024 Registration



Name:	First	Last		
Date of Birth: Month/Day/Year		Grade:		Years Curlled:
Gender:	Male	Female		Other
OHIP #		School:		
Medical issues we should be aware of:				
How did you hear about us:				
<i>Phone numbers and emails are for BCC purposes only. You will be added to our email distribution list.</i>				
PARENT NAMES :				
Mailing Address:				
City:		Postal Code:		
Phone Numbers:	Home	Cell	Work	
Email Address:				
Alternate Contact Name:		Alternate Contact Phone:		
Alternate Contact Email:				

Youth curling can run at two possible times. Please check what best suits your schedule OR check both if either would work. The date chosen will be the best fit for the majority of participants. Little Rocks (ages 7-11) will run at the beginning and Youth (ages 12-17) will either run at the same time OR following - depending upon registration numbers.

Day of week and timing:	Yes this works	No this does not
Sunday Mornings 10:00 am - 12:00pm		
Monday Evenings 5:30 pm - 7:30 pm		

5 weeks before holidays are the weeks of; Nov 19th, Nov 26th, Dec 3rd, Dec 10th, Dec 17th
 5 weeks after holidays TBD are the weeks of; Jan 14th, Jan 21st, Jan 28th, Feb 4th, Feb 11th

Does the participant have clean running shoes and a helmet?	Y		N	
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Membership Dues	Amount	Check
<i>This is the first child of my household participating</i>	\$100.00	
<i>This is the second (or more) child of my household participating</i>	\$80.00	

The following waivers are agreed to when this form is signed by the parent or guardian;

WAIVER 1: I am aware that there are risks, dangers and hazards for my child during curling including, but not limited to: injuries from vigorous exertion and strenuous cardiovascular work-outs, injuries resulting from slips and falls to the ground, injuries from being struck or colliding with other participants, risks associated with travel to and from the Club, and additional risk associated with non-competitive activities which are an integral part of the competition. I agree to have my child participate in the sport of curling and acknowledge the associated risks involved in participation and willingly assert those risks. I assert that I have read, understand and agree

WAIVER 2: I confirm that I have reviewed the Beaverton Curling Club's Concussion Code of Conduct and the appropriate Concussion Awareness Resources (on BCC Website: beavertoncurlingclub.com under Health and Safety section) and commit that as a guardian of my child I will commit to operating within the parameters of the Beaverton Curling Club's Concussion Code of Conduct.

WAIVER 3: I agree to allow the Beaverton Curling Club can use any photo's of my child or family memberstaken at the Beaverton Curling Club during club events or activities to be used on the Beaverton Curling website, in Newsletters or Social Media sites.

SIGNATURE OF PARENT OR GUARDIAN:		DATE:	
Date Payment Received			