

**BRANT CURLING CLUB  
LITTLE ROCKS CURLERS  
2022-2023 MEMBERSHIP FORM**

CURLER \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSTAL CODE \_\_\_\_\_ PHONE \_\_\_\_\_

PARENTS \_\_\_\_\_

EMAIL \_\_\_\_\_

CITY \_\_\_\_\_

DOB (dd/mm/yy) \_\_\_\_\_

CELL#1 \_\_\_\_\_

CELL#2 \_\_\_\_\_

**LITTLE ROCKS CURLING FEES**

**ANNUAL FEE:** \$80.00 Total

**OFFICE USE ONLY:** Date Paid \_\_\_\_\_ Received by \_\_\_\_\_

**MEDICAL INFORMATION AND PARENTAL PERMISSION**

Medical problems or medications taken on a regular basis that should be known to the coordinators.

\_\_\_\_\_  
\_\_\_\_\_

I understand that, in the event no one can be contacted, the Brant Curling Club staff or volunteers will admit my child to the hospital if deemed necessary. I also understand that under no circumstances is the Brant Curling Club or its staff or volunteers, liable or responsible for the treatment of said injured or ill player. I hereby authorize the physician and nursing staff on duty at any emergency unit to undertake examination, investigation and necessary treatment of my child.

My child and I agree to abide by the rules of membership and the policies of the Brant Curling Club. I hereby release anyone involved from the Brant Curling Club, staff, volunteers or the Board of directors, from any or all claims for damages, claims and causes of action arising from or out of my or my child's attendance at the Brant Curling Club. Any personal information collected by the Brant Curling Club will be stored and processed exclusively for the purposes of the Brant Curling Club.

Name of Parent or Guardian \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(curler may sign if age is 18 or over)