

Oshawa Curling Club -- 2009-2010 Youth Curling Program

Please Circle:	Little Rock	Junior
Age (as of Dec. 31):	7 to 11 years	12 to 19 years
Program Times:	**Sundays 2:30 pm to 4:30 pm	**Sundays 1 pm to 3:15 pm
Fees: Cheques payable to <u>Oshawa Curling Club</u>	\$100 <i>(Includes Club/Ice fee, GST, OCA fees,)</i>	\$100 <i>(Includes Club/Ice fee, GST, OCA fees,)</i>

***Due to income tax legislation, fees may be tax deductible. Please retain your receipt.*

Our program typically includes 17 weeks of curling (commencing October 25th, 2009 and ending April 11th 2010), with breaks for Christmas and Easter and occasionally for club ice maintenance and competitive activities. Curling dates will be communicated at the start of the annual program.

Child's Name: _____ **Date of Birth:** _____

of years curling experience: _____

Parents'/Guardians' Name(s): _____

Please indicate if you would be willing to help with

____ On-Ice Support ____ Off -Ice Support (snacks, etc.) ____ Special Events

Address: _____

City: _____ **Postal Code:** _____ **Phone Number:** _____

Email Address (used for newsletters, etc.): _____

I, (_____), as parent/guardian of the above named child, give my permission for _____ to participate in the Oshawa Curling Club Youth program. I agree that the Oshawa Curling Club and/or its representatives will not be held responsible for any loss or accident, however caused, and agree to release the club and/or its representatives from all claims or damages that may arise as a result of/or by reason of such accident or loss.

Parent/Guardian Signature: _____ Date: _____

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Relevant Medical Information (allergies, conditions, etc.): _____

In case of emergency:

Alternate Contact Person: _____ Phone #: _____

Relationship to curler: _____ Health Card # (optional & kept confidential) _____

Family Doctor: _____ Phone #: _____
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Occasionally we take pictures of the curlers for our bulletin board or website. If you do not have any objections to your child's photo being taken, please sign below.

I, (_____), as parent/guardian of _____, give my permission for his/her photo to be taken and displayed in Oshawa Curling Club or on the Oshawa Curling Club website (www.oshawacurlingclub.com).

Parent/Guardian Signature: _____ Date: _____

Office Use Only:

Payment Information:

Date Received: _____

Credit Card _____ Debit: _____ Cheque # _____ Cash: _____