

41 Bond Street West, Box 651 Fenelon Falls, ON KOM 1N0 705-887-2611 www.curlfenelon.ca

LEARN TO CURL PROGRAM

Registration Form 2024-25

FIRST NAME:				LAST NAME:				
STREET ADDRESS:				CITY:				
POSTAL CODE:				GENDER:				
TELEPHONE:				EMAIL ADDRESS:				
EMERGENCY CONTACT NAME:				PHONE #: RELATIONSHIP				
HOW DID YOU HEAR ABOUT US?								
MEMBERSHIP TYPE	BASE FEE	OCA	FEE		HST	FEE TOTAL		
LEARN TO CURL	\$99.12	WAI	/ED		\$12.88	\$8 \$112.00		
(SESSIONS SUNDAY								
AFTERNOON, NOV – DEC)								
ONE FREE HALF YEAR LEAGUE IS INCLUDED WITH YOUR LEARN TO CURL, PLEASE INDICATE THE LEAGUE YOU WISH								
TO PARTICIPATE IN.								
MONDAY AFTERNOON LADIES LEAGUE				THURSDAY/TUESDAY MORNING MIXED LEAGUE				
MONDAY EVENING MEN'S LEAGUE				FRIDAY AFTERNOON MIXED LEAGUE				
TUESDAY/THURSDAY MORNING MIXED LEAGUE				FRIDAY EVENING MIXED LEAGUE				
TUESDAY AFTERNOON MIXED DOUBLES				SATURDAY LATE AFTERNOON MIXED LEAGUE				
WEDNESDAY EVENING MIXED DOUBLES				SUNDAY LATE AFTERNOON MIXED LEAGUE				

<u>WAIVER</u>: I am aware that there are risks, dangers and hazards including, but not limited to: injuries from vigorous exertion and strenuous cardiovascular workouts, 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 risks associated with non-competitive activities which are an integral part of competitive events. I also understand that injuries sustained in curling or competition can be severe and even fatal. I agree to participate in the sport of curling and acknowledge the associated risks involved in my participation and willingly accept those risks. I assert that I have read, understand, and agree to the waiver and agreement above. Full Waiver also to be signed.

SIGNATURE