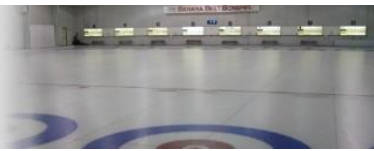




Welland Curling Club

We Rock the House!



Welland Curling Club
497 King Street
Mailing Address: P.O. Box 282
Welland, ON L3B 5P4
www.wellandcurlingclub.com
905-734-9411

Junior Program Application 2023- 2024

Categories		
All fees include HST		
1) Little Rocker (Age 5 to 8)	<input type="checkbox"/>	\$90
2) Under Age 12	<input type="checkbox"/>	\$115
3) Under Age 15	<input type="checkbox"/>	\$130
4) Under Age 18	<input type="checkbox"/>	\$130
5) Under Age 21	<input type="checkbox"/>	\$130
6) Student Member (under age 21) may participate in the Junior Program AND in the Club's adult leagues by completing this application AND a Club Membership Application accompanied with payment of the current Club membership fees.		

Member Name: _____

E-Mail: _____ Phone: _____

Address: _____ City: _____

Postal Code: _____ Birth Date: _____

School: _____ Grade: _____

Yrs Curled: _____ Where: _____

Payment by **Cheque** (payable to **WCC Junior Program**), **E-Transfer** (to wccpayment@wellandcurlingclub.com) or **Cash**. There is a \$30 fee on all NSF cheques

Guardian Name: _____ E-Mail: As Above or _____

Address: As above or _____ City _____ Postal Code: _____

Phone: As above or _____

Medical Information our instructors should be aware of:

1) Allergies _____

2) Medications taken on a regular basis _____

3) Does the child carry and know how to administer their medication? _____

4) Previous Injuries _____

5) Any other medical conditions or information that the Club should be aware of _____

Additional Information to Assist the Club

1) If you are new to our program, what brought you to our club? Parent, Friend, Social Media, Print Media

Other _____

2) Do parents wish to assist with the program? Serve Hot Chocolate, On Ice Instructor, Certified in First Aid and /or CPR

Other _____

Member Agreement:
The Applicant being 18 years of age or the Guardian for those under 18 years of age hereby:

- consents to allowing the Club to communicate by email regarding club information, events and membership information,
- consents to the Club's use of pictures taken within the club that contain the image of the applicant,
- acknowledges having read and accepted the **Release of Liability, Waiver of Claims & Indemnity Agreement** (for those 18 years of age and older) or the **Informed Consent and Assumption of Risk Agreement** (for those under 18 years of age).
- acknowledges having reviewed annually the Ontario Government's **Rowan's Law Concussion Awareness Resources**.

Guardian/Applicant Signature _____ Date _____

Club Use Only: Payment Rec'd \$ _____ Payment Method Cheque, Cash, E-Transfer

Rec'd by: _____ Date Rec'd: _____ Notes: _____