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 2025- 2026

Categories All fees include HST		
1) Little Rocker (Age 6 to 8)	☐	**$95**
2) Under Age 12	☐	**$120**
3) Under Age 15	☐	**$135**
4) Under Age 18	☐	**$135**
5) Under Age 21	☐	**$135**

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 $10 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:

1) consents to allowing the Club to communicate by email regarding club information, events and membership information,

2) consents to the Club's use of pictures taken within the club that contain the image of the applicant,

3) acknowledges having read and accepted the ***Release of Liability, Waiver of Claims & Indenity 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).

4) 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: _____