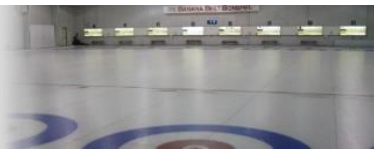




# Welland Curling Club

*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 2022- 2023

Categories		
All fees include HST		
1) Little Rocker (Age 5 to 8)	<input type="checkbox"/>	\$85
2) Under Age 12	<input type="checkbox"/>	\$110
3) Under Age 15	<input type="checkbox"/>	\$125
4) Under Age 18	<input type="checkbox"/>	\$125
5) Under Age 21	<input type="checkbox"/>	\$125
6) Student Member (under age 21) may participate in the Junior Program <b>AND</b> in the Club's adult leagues by completing this application <b>AND</b> a Club <b>Membership Application</b> accompanied with the paid Club fees-\$210 + HST if registered and paid online by Sept 30th.		

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](mailto: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: \_\_\_\_\_