



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

March Break 2024 Teen Learn to Curl Camp Application For Grade 7 and 8 Students

Camper's Name: _____
E-Mail: _____ Phone: _____
Address: _____ Postal Code: _____
School: _____ Grade: _____ Date of Birth: _____
Previous Curling Experience? _____

Guardian's 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

What brought you to our club? Parent, Friend, Social Media _____ Print Media _____
 Other _____

Guardian's Agreement:

The Guardian 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 **Informed Consent and Assumption of Risk Agreement** (for those under 18 years of age).
- 4) acknowledges having reviewed the Ontario Government's **Rowan's Law Concussion Awareness Resources**.

Guardian's Signature _____ Date _____

Please e-mail this completed application to:

Marietta Clift at curlingclift@gmail.com