



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

Junior Program Membership Application 2020 - 2021

Membership Category	
All fees include HST	
1) Little Rocker (Age 5 to 8) <input type="checkbox"/>	\$80
2) Under Age 12 <input type="checkbox"/>	\$100
3) Under Age 15 <input type="checkbox"/>	\$120
4) Under Age 18 <input type="checkbox"/>	\$120
5) Under Age 21 <input type="checkbox"/>	\$120
6) Student Member <input type="checkbox"/>	
An Under 21 Student Member may participate in the Junior Program and in the Club's adult leagues. A Club membership application must also be completed. Student Member fees are \$220 to \$245.	

Member Name: _____

E-Mail: _____ Phone: _____

Address: _____ City: _____

Postal Code: _____ Birth Date: _____

School: _____ Grade: _____

Yrs Curled: _____ Where: _____

Payment by Cheque, Cash or E-Transfer to wccpayment@wellandcurlingclub.com All cheques are payable to the Welland Curling Club. 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 to 20 years of age or the Guardian for those under 18 years of age hereby:

- 1) waives the requirement of receiving the AGM notice by mail, provided that such notice has been posted in the club 10 days prior to the date of the meeting,
- 2) consents to allowing the Club to communicate by email regarding club information, events and membership information,
- 3) consents to the Club's use of pictures taken within the club that contain the image of the applicant,
- 4) 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) and the **Declaration of Compliance-COVID-19**.
- 5) 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: _____