

Membership Terms

Upon registering I understand and agree that:

- My membership / league or program fees will be paid in full **before November 1** or monthly through continuous pre-authorized payment; should payment not occur; my membership will be suspended immediately, and I will be expected to pay the outstanding fees in order to practice or participate in any curling. My membership is non-transferrable.
- I may cancel my membership within the first 30 days will receive a refund. Beyond that, a refund will not be provided unless there are extenuating circumstances (e.g., injury) and will be reviewed on an individual basis.
- There may be temporary interruptions in access to the facility due to booked events, maintenance / repairs, or public health restrictions; membership fees will not be adjusted unless specified. Every effort will be made to offer the expected weeks of curling.
- Soo Curlers Association reserves the right to terminate membership privileges without refund for failure to comply with the Code of Conduct and all other relevant policies.
- Curling Canada, Northern Ontario Curling Association, Soo Curlers Association, and their respective Directors, Officers, committee members, members, employees, coaches, volunteers, officials, participants, agents, sponsors, owners/operators of the facilities in which any events or activities take place, and representatives (collectively the "Organization") are not responsible for any injury, personal injury, damage, property damage, expense, loss of personal property, income or loss of any kind suffered by a Participant during, or as a result of, the events or activities in or on the property of the facility.

I understand what I have read and agree to all the membership terms and conditions listed above.

Signature: _____ **Date:** _____
Day-Month-Year

Soo Curlers Association provides important club related information to members through email. By checking this box I give my permission to send club information as well as marketing and club promotions to the email address noted below:

Email: _____

Office Use:

Amount paid: _____ Credit Debit Cheque Cash Monthly Payments

Locker Number: _____ **Combination:** _____ **Serial number:** _____

Concussion Waiver on file (if applicable)

Information added to Tee-On

Information provided to convenor

Processor's Initials: _____