



# Registration Form (2024-2025)

This is a fillable PDF Form.



Name: \_\_\_\_\_ Birth Date\*: \_\_\_\_\_  
Last / First Day-Month-Year

**\*Concussion Waiver required for 1999 and later**

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Gender: Male Female Other

(For tracking curling membership demographics)

Emergency Contact Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Membership Type:	
Adult Unlimited (36+)	
Adult Curl Once Per Week (36+)	
Adult 5 Person Team (36+)	
Intermediate Unlimited (19-35)	
Intermediate Curl Once Per Week (19-35)	
Intermediate 5 Person Team (19-35)	
Junior Unlimited (17 & under/high school)	
Men's Classic League	
Men's Classic League 5-Person Team	
Daytime ladies unlimited	
Daytime ladies curl once per week	
Friday Nite Social League <small>*Pro-rating team fees to account for unlimited members will be based on a maximum of 6 registered players per team. Please contact the Friday Night convenor for details</small>	
Rookie League - Monday Evening (4 Ends)	

League (Select all that apply):	
Men's Classic League (Men)	
Monday Night League (Open)	
Tuesday Afternoon (Ladies)	
Tuesday Night (Open)	
Wednesday Major League (Competitive)	
Wednesday Night (Open)	
Thursday Morning (Ladies)	
Thursday Night (Open)	
Programs (Select all that apply):	
Adult Learn to Curl (Fall Session)	
Adult Learn to Curl (Winter Session)	
Adult Learn to Curl (Spring Session)	
High School Curling (Grades 9-12)	
Bantam Curling Program (Grades 6-8)	
Little Rock Curling Program (Grades 3-5)	

## 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 by credit card. -For full payment option should payment not occur in full before November 1 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. -For monthly payments the credit card on file will be charged monthly automatically for the membership and if any payment fails then my membership will be suspended immediately, and I will be expected to pay the outstanding monthly 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:** \_\_\_\_\_