



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

I will be paying my membership dues in full before November 1st 2024

I will be paying my membership dues monthly continuously pre-authorized by credit card beginning Nov 1st 2024 (for 6 months)

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.

Under 26 years of age*, parent of an athlete under 18, coach, team trainer or official

I have reviewed and understand the Government of Ontario Concussion Awareness Resource (Rowan's Law Resource) and (Soo Curlers Concussion Policy) both provided Online at www.soocurlers.com

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

Signature: _____ Date: _____

(Parent or Guardian must sign for those under 18 years old)

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: _____