Registration Form (2026-2027)

This is a fillable PDF Form.

Name: _____ **Birth Date*:** _____

Last / First Day-Month-Year

***Concussion Waiver required for 2001 and later.**
Waiver can be found at soocurlers.com/leagues*

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 *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	☐
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 2026**

☐ **I will be paying my membership dues monthly continuously pre-authorized by credit card beginning Nov 1st 2026 (for 4 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 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, 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.

- *Concussion waiver must be signed by those under 26 years of age*, or a parent of an athlete under 18, coach, team trainer or official which can be found at soocurlers.com/leagues

- ☐ **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/leagues**

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: _____

☐ ☐