



41 Bond Street West, Box 651
 Fenelon Falls, Ontario. K0M 1N0,
 705 887-2611; <https://www.curlfenelon.ca>

LEARN TO CURL PROGRAM

REGISTRATION FORM 2019- 2020

NAME – FIRST, LAST				
MAILING ADDRESS				
CITY / POSTAL CODE				
GENDER	MALE ()		FEMALE ()	
TELEPHONE				
E-MAIL ADDRESS				
Membership Type	Base Fee	OCA Fees	HST	Fee Total
LEARN TO CURL PGM (Sunday 3 - 5 Nov - Dec)	\$99.00		\$ 13.00	\$ 112.00
TOTAL	–	–	–	

PLEASE INDICATE THE LEAGUE YOU WISH TO CURL

LEAGUE	Play Spare	LEAGUE	Play Spare
MONDAY AFTERNOON LADIES CURLING 1:00 PM		THURSDAY MORNING – PICKUP CURLING (Open) 9:30 AM	
MONDAY EVENING MENS CURLING 7:30 PM		FRIDAY EVENING MIXED 7:30 P M	
TUESDAY MORNING – PICKUP CURLING (Open) 9:30 AM		SATURDAY OPEN LEAGUE 3:00 PM	

Please mail this form with your payment to the above address. **Make cheques payable to The Fenelon Falls Curling Club.**

NOTE: The Fenelon Falls Curling Club, the Ontario Curling Association (OCA) and Canadian Curling Association (CCA) use information provided with this application for administrative purposes. Phone numbers and e-mail addresses are for Fenelon Falls Curling Club purposes only.

At the provincial and national levels, names and addresses may be used in cooperation with sponsors and partners of curling to promote products and services that may be of interest to you. If you prefer not to receive curling related offers please check here. ().

WAIVER: I am aware that there are risks, dangers and hazards including, but are not limited to: injuries from vigorous exertion and strenuous cardiovascular workouts, injuries resulting from slips and falls to the ground, injuries from being struck or colliding with other participants, risks associated with travel to and from the club, and additional risks associated with non-competitive activities which are an integral part of competitive events. I also understand that injuries sustained in curling or competition can be severe and even fatal. I agree to participate in the sport of curling and acknowledge the associated risks involved in my participation and willingly accept those risks.

SIGNATURE _____

DATE _____