



41 Bond Street West, Box 651  
 Fenelon Falls, ON K0M 1N0  
 705-887-2611  
[www.curlfenelon.ca](http://www.curlfenelon.ca)

## LEARN TO CURL PROGRAM

### Registration Form 2026-27

FIRST NAME:			LAST NAME:	
STREET ADDRESS:			CITY:	
POSTAL CODE:			GENDER:	
TELEPHONE:			EMAIL ADDRESS:	
EMERGENCY CONTACT NAME:			PHONE #: RELATIONSHIP	
HOW DID YOU HEAR ABOUT US?				
MEMBERSHIP TYPE	BASE FEE	OCA FEE	HST	FEE TOTAL
LEARN TO CURL (SESSIONS SUNDAY AFTERNOON, NOV – DEC)	\$99.12	WAIVED	\$12.88	\$112.00

**ONE FREE HALF YEAR LEAGUE IS INCLUDED WITH YOUR LEARN TO CURL, PLEASE INDICATE THE LEAGUE YOU WISH TO PARTICIPATE IN.**

MONDAY AFTERNOON LADIES LEAGUE	THURSDAY/TUESDAY MORNING MIXED LEAGUE
MONDAY EVENING MEN’S LEAGUE	FRIDAY AFTERNOON MIXED LEAGUE
TUESDAY/THURSDAY MORNING MIXED LEAGUE	FRIDAY EVENING MIXED LEAGUE
TUESDAY AFTERNOON MIXED DOUBLES	SATURDAY LATE AFTERNOON MIXED LEAGUE
WEDNESDAY EVENING MIXED DOUBLES	SUNDAY LATE AFTERNOON MIXED LEAGUE

**WAIVER:** I am aware that there are risks, dangers and hazards including, but 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. I assert that I have read, understand, and agree to the waiver and agreement above. Full Waiver also to be signed.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

