

# Ayr Curling Club

## JUNIOR/LITTLE ROCK APPLICATION 2011-2012

210 Northumberland Street  
 Ayr, Ontario N0B 1E0  
 519-632-7465  
 ayrcc@golden.net

|   |                                    |                       |             |                   |               |                            |  |                         |  |
|---|------------------------------------|-----------------------|-------------|-------------------|---------------|----------------------------|--|-------------------------|--|
| _____                                     |                                    | <b>M</b>              | <b>F</b>    | <b>Y</b>          | <b>N</b>      | _____                      |  | _____                   |  |
| <b>First Name</b>                         | <b>Last Name</b>                   | <b>Sex</b>            |             | <b>New Member</b> |               | <b>Member Since (year)</b> |  | <b>Years Experience</b> |  |
| _____                                     |                                    | <b>Unit/RR</b>        |             | <b>City/Town</b>  |               | _____                      |  |                         |  |
| <b>Street Number</b>                      | <b>Street Name</b>                 | <b>E-Mail Address</b> |             | _____             |               |                            |  |                         |  |
| <b>Postal Code</b>                        | <b>Business Phone #</b>            |                       | _____       |                   |               |                            |  |                         |  |
| <b>Home Phone #</b>                       | <b>Payment Method (circle one)</b> |                       | <b>Cash</b> | <b>or</b>         | <b>Cheque</b> | _____                      |  |                         |  |
| <b>Date of Birth</b>                      | _____                              |                       |             |                   |               |                            |  |                         |  |
| <b>Where Did You Hear About the Club?</b> |                                    |                       |             |                   |               |                            |  |                         |  |

### FULL MEMBERSHIP FEES

|   |         |    |
|---|---------|----|
| Intermediate/Student Member (Men & Women 19 to 25 years of age) | \$175 * | \$ |
| Little Rock Member (Boys & Girls 5 to 11 years of age)          | \$ 60   | \$ |
| Junior/Bantam Member (Boys & Girls 12 to 18 years of age)       | \$ 80   | \$ |

|  |                  |       |
|--|------------------|-------|
| <b>PAYMENT NOTES:</b>  | <b>OPTIONAL:</b> |       |
| <ul style="list-style-type: none"> <li>All fees are due by October 16, 2011.</li> <li>A late fee of \$25.00 will apply to all fees paid after October 16, 2010.</li> <li>Any cheque returned NSF is subject to a \$50.00 administration charge.</li> </ul> | Name Tag         | \$ 10 |

**Total Fee Due (Payable to Ayr Curling Club)** \$

### PLEASE INDICATE PREFERRED POSITION FOR EACH LEAGUE YOU ARE REGISTERING TO PLAY IN:

|                  |                           |                 | Position (Circle) |   |                 |     |
|------------------|---------------------------|-----------------|-------------------|---|-----------------|-----|
| <b>Sunday</b>    | Little Rocks Program      | 1:15pm – 2:45pm | Spare             | L | 2 <sup>nd</sup> | V S |
| <b>Sunday</b>    | Bantam/Junior Program     | 1:00pm – 3:00pm | Spare             | L | 2 <sup>nd</sup> | V S |
| <b>Wednesday</b> | Bantam/Junior Afterschool | 3:45 – 5:00 pm  | Spare             | L | 2 <sup>nd</sup> | V S |

### AGREEMENT OF MEMBERSHIP

I hereby agree to the rules of membership and the policies of the Ayr Curling Club. I hereby release anyone involved with the Ayr Curling Club, staff, volunteers or Board of Directors, from any or all claims and causes of action arising from or out of my attendance or participation at the Ayr Curling Club. Any personal information collected by the Ayr Curling Club will be stored and processed exclusively for the purpose of the Ayr Curling Club. I also acknowledge that the Ayr Curling Club annually publishes a directory of members and contact information for the exclusive use of members, and understand that my personal information may be used for this purpose.

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date

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## CURLING CLUB PARTICIPANT MEDICAL INFORMATION:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Contact in case of Emergency: \_\_\_\_\_

Contact number \_\_\_\_\_ Alternate \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Number \_\_\_\_\_

Relative Medical History:

Medications/ Allergies/ Previous Injuries

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you carry and know how to administer the Medications?

\_\_\_\_ Yes \_\_\_\_ No

Other relative information: Medical Alert Bracelet or Necklace?

\_\_\_\_\_

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Date: \_\_\_\_\_ Signature of Curler \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Parent \_\_\_\_\_

**ONE Application Form Required Per Person**