

Nanaimo Junior Curling Registration

Year: _____

MONDAY: _____ THURSDAY: _____ VOUCHER # _____

NAME: _____ BIRTH DATE: ____/____/____ AGE: ____ M ____ F ____
MM DD YY

1. PARENT/GUARDIAN: _____

PHONE # _____ CELL # _____

ADDRESS: _____

EMAIL: _____

2. PARENT/GUARDIAN: _____

PHONE # _____ CELL # _____

ADDRESS: _____

EMAIL: _____

EMERGENCY INFORMATION (If different from above)

CONTACT PERSON: _____ RELATIONSHIP: _____

PHONE # _____ CELL # _____

Consent and Waiver

RELEASE: I do hereby for myself, heirs, executors, administrators and assigns, release Nanaimo Curling Club, its officers or anyone acting on its behalf from all manner of litigation, damage claims or demands in law or equity which I may have or acquire by reason of injury to the player, loss or damage to property, which may occur during or by reason of participation in the activities of Nanaimo Curling. USE OF INFORMATION: By agreeing to participate in the Nanaimo Curling Clubs Junior Program, I consent to the collection, use and disclosure of the player's personal information and my personal information in order for Nanaimo Curling Club Junior Program to operate teams and leagues including disclosure of that information to coaches and league organizers and publication of that information on the internet (e.g. Nanaimo Curling Club Website).

Parent/Guardian signature: _____ Date: _____