



## Buckingham Curling Club inc.

626 Buckingham Avenue C.P. 2833 Gatineau QC J8L 2X2

Telephone : (819) 986-3781 Internet : Curlingbuckingham.com

Email : clubcurlingbuckingham@gmail.com

Method of payment (v)	
<input type="checkbox"/>	Cheque
<input type="checkbox"/>	Cash (at the bar)
<input type="checkbox"/>	INTERAC (at the bar)

Check (v)	
<input type="checkbox"/>	New member
<input type="checkbox"/>	Renewal

### Junior Program ( age 4 to 20 )

### Registration Form 2023-2024

(One form per youth member)					
PERSONAL INFORMATION					
First name of participant		Last name of participant			
Date of birth : Day ____ Month ____ Year ____		School name and Grade / Level :			
CONTACT INFORMATION FOR PARENTS : complete address required, even if it is a renewal					
Name parent 1 :		Name parent 2 :			
Civic address :		Civic address :			
Town / City :		Town / City :			
Postal Code	Phone # :	Postal Code :	Phone # :		
Email :		Email :			
Email address is important for official mailing to members and/or parents					
MEMBERSHIP AND PAYMENT					
Registration forms must be completed and submitted by September 15, 2023 To be eligible to participate, payment must be received at the Club by October 15, 2023					
Please note : The cost of membership includes applicable taxes and the individual affiliation fees to Curling Québec and depending on membership type, also includes the cost of teaching materials. No reduction of fees will be granted due to absences and vacation. For refunds in the event of cancellation of your membership and for information on how to join during the season, see the Club's website.					
Method of payment					
Submit your form and payment to the bar attendant or treasurer or mail it to the attention of the Treasurer with a cheque payable to the Buckingham Curling Club Inc. Payment at the bar by Interac (debit card only) is possible. A receipt will be issued for cash payments and upon request for Interac payments.					
Signature parent / guardian (if under age 18) or Signature of member		Date :			
Note 1 : Team practice sessions that are reservable only by a coach are included within the allotment of Junior Program ice time. All practice time outside of the Junior Program ice time allotment must be made through an ice rental or by using non-reservable practice time slots open to all regular members of the club.					
Note 2 : For all members of the Junior Program, a medical form must be completed. (See medical form document page 3)					

## CHOOSE YOUR MEMBERSHIP - Junior Program \*\*\*\*

INITIATION	LEVEL BEGINNER			
	Type	Description	✓	Cost
	A	Single session - 1 session per week (U12)		140,00 \$
	B	Single session - 1 session per week (U18)		175,00 \$
	C	2 sessions per week (U12)		225,00 \$
	<b>U12</b>			
	<input type="checkbox"/>	Age 4 to 6 Sunday 8:30am to 9:30am		
	<input type="checkbox"/>	Age 7 to 11 Sunday 8:30am to 10:00am		
	<input type="checkbox"/>	Age 7 to 11 Monday 4:30pm to 5:45pm		
	<b>U18</b>			
	<input type="checkbox"/>	Age 12 to 17 Sunday 11:30am to 1:30pm		

INTEGRATION	LEVEL INTERMEDIATE (must have completed an initiation program)			
	Type	Description	✓	Cost
	D	Single session - 1 session per week		175,00 \$
	E	2 sessions per week		225,00 \$
	<b>U12 to U15</b>			
	<input type="checkbox"/>	Age 7 to 14 Sunday 10:00am to 11:30am		
	<input type="checkbox"/>	Age 7 to 14 Monday 4:30pm to 5:45pm		

COMPETITION \ DEVELOPMENT	LEVEL INTERMEDIATE TO ADVANCED			
	Type	Description	✓	Cost
	F	Single session - 1 session per week		180,00 \$
	G	2 sessions per week		230,00 \$
	H	Full privileges - 3 sessions + per week		280,00 \$
	<b>U15 (age 10 to 14)</b>			
	<input type="checkbox"/>	Skills program Sunday 10:00am to 11:30am		
	<input type="checkbox"/>	Practice Tuesday 4:30pm to 5:45pm		
	<input type="checkbox"/>	Practice Wednesday 4:30pm to 5:45pm		
	<b>U18 to U21 (Age 13 to 20)</b>			
	<input type="checkbox"/>	Skills program Sunday 11:30am to 1:30pm		
	<input type="checkbox"/>	Practice Tuesday 4:30pm to 5:45pm		
	<input type="checkbox"/>	Practice Wednesday 4:30pm to 5:45pm		
	<input type="checkbox"/>	Evening leagues : unlimited play and unlimited sparing (see sign-up sheets on bulletin boards)		
	<b>Mandatory : must choose at least two other choices in this section</b>			

AFFILIATE MEMBER	Affiliate membership	
	Athlete who is a member of another club** who competes with a team from Buckingham	
	Name of club where affiliation fees are paid :	
	<input type="checkbox"/>	** Junior member in good standing of another club affiliated with Curling Québec and who competes with a team from the Buckingham Curling club (see note below) (No membership fees and no affiliation fees required)
	Note	Affiliate junior members along with remaining team members of Buckingham Curling Club Junior Teams will have the right to practice times reservable by a coach. These time slots are included in the Junior Program weekly allotment. All practice time outside of this weekly Junior Program ice allotment will be considered as ice rental.
An affiliate junior member who wishes to play or practice outside of these team practice sessions must complete this form under the section "Competition / Development" and pay the appropriate fees related to the choice(s) identified.		

FOR ALL MEMBERS OF THE JUNIOR PROGRAM		✓	Cost
Locker			35,00 \$
Uniform / hooded sweatshirt (yellow and blue) (Initiation members)			50,00 \$
Uniform / hooded sweatshirt (yellow and blue) (Adult and other junior members)			95,00 \$
Deadline for order is October 15			

**** To be able to benefit from the pricing strategy of the Junior Program, each participant must respect the choices made; otherwise, an adult membership will be required.	Total owing	\$
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MEDICAL HISTORY DOCUMENT / EMERGENCY CONTACT INFORMATION / PARENTAL CONSENT		
Name of child :		Surname of child :
MEDICAL HISTORY DOCUMENT (form SF-5)		
Medications		
Allergies		
Previous Injuries		
Do you carry and know how to administer your own medication (s)?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Any other conditions (contact lenses):		
Doctor's Name and Phone Number:		
Dentist's Name and Phone Number:		
Health Insurance Number :		
<p>I understand that, in the event that no one can be contacted, the Curling club staff or volunteers will admit my child to the hospital if deemed necessary. I also understand, that under no circumstances is the Curling Club or its staff or volunteers, liable or responsible for the treatment of said injured or ill player. I hereby authorize the physician and nursing staff on duty at any emergency unit to undertake examination, investigation and necessary treatment of my child.</p>		
Parent or guardian's signature		
Print Name		
Date		
EMERGENCY CONTACT INFORMATION (form SF-4)		
Person to contact in case of emergency		
Daytime phone :	Evening phone :	Mobile telephone :
Alternate emergency contact		
Daytime phone :	Evening phone :	Mobile telephone :
PARENTAL CONSENT		
<p>Consent to the use of photos of videos of curling on the website, press releases, promotional materials or written and electronic media reports for youth programs.</p> <p><input type="checkbox"/> <b>I authorize</b> my child or ward to participate in media or promotional activities of the learn-to-curl or development programs.</p> <p><input type="checkbox"/> <b>I do not authorize</b> my child or ward to participate in media or promotional activities of the learn-to-curl or development programs.</p> <p>I have read and agree to follow the concussion guidelines and return to play protocol as prescribed by the physician. The monitors make it a priority to ensure the safety of your children. <b>Wearing a helmet is strongly recommended for all children 12 years of age and under.</b></p> <p>Signature parent / guardian : _____ Date : _____</p>		