



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 2025-2026

| (One form per youth member) PERSONAL INFORMATION | | | | | |
|--|-----------|--|---|--|--|
| First name of participant | | Last name of participant | | | |
| Date of birth : Day ____ Month ____ Year ____ | | Gender (check) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Other | | | |
| 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, 2025 To be eligible to participate, payment must be received at the Club by October 15, 2025 | | | | | |
| 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. | | | | | |
| Consent for use photographs and video recordint (Check) In order to allow the Buckingham Curling Club to promote its mission and activities, publish news and broadcast live activities and curling games, I consent to the use of my image or my child's image in photographs as well as my/his/her voice and image in video recordings being published and broadcast on the various electronic platforms used by the club as well as in any paper or digital publication. The club expressly refrains from exploiting the image of individuals in any way that might infringe on their privacy, reputation, dignity or integrity. | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| 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 ****

| LEVEL BEGINNER | | | |
|----------------|--------------------------|--|-----------|
| | Type | Description | Cost |
| INITIATION | A | Single session - 1 session per week (U12) | 180,00 \$ |
| | B | Single session - 1 session per week (U18) | 200,00 \$ |
| | C | 2 sessions per week (U12) | 275,00 \$ |
| | U12 | | |
| | <input type="checkbox"/> | Age 4 to 6 60 minutes - Sunday morning (time to be determined based on registrations) | |
| | <input type="checkbox"/> | Age 7 to 11 90 minutes - Sunday morning (time to be determined based on registrations) | |
| | <input type="checkbox"/> | Age 7 to 11 75 minutes on weekdays after school (day to be determined based on registrations) | |
| U18 | | | |
| | <input type="checkbox"/> | Age 12 to 17 120 minutes - Sunday morning (time to be determined based on registrations) | |

| LEVEL INTERMEDIATE (must have completed an initiation program) | | | |
|--|--------------------------|--|-----------|
| | Type | Description | Cost |
| INTEGRATION | D | Single session - 1 session per week | 225,00 \$ |
| | E | 2 sessions per week | 275,00 \$ |
| | U12 to U15 | | |
| | <input type="checkbox"/> | Age 7 to 14 90 minutes - Sunday morning (time to be determined based on registrations) | |
| | <input type="checkbox"/> | Age 7 to 14 60 to 75 minutes on weekdays after school (day to be determined based on registrations) | |

| LEVEL INTERMEDIATE TO ADVANCED | | | |
|--------------------------------|----------------------------------|--|-----------|
| | Type | Description | Cost |
| COMPETITION / DEVELOPMENT | F | Single session - 1 session per week | 250,00 \$ |
| | G | 2 sessions per week | 300,00 \$ |
| | H | Full privileges - 3 sessions + per week | 350,00 \$ |
| | U15 (age 10 to 14) | | |
| | <input type="checkbox"/> | Skills program 90 minutes - Sunday morning (time to be determined based on registrations) | |
| | <input type="checkbox"/> | Practice 60 to 75 minutes on weekdays after school (day to be determined based on registrations) | |
| | <input type="checkbox"/> | Pratice 60 to 75 minutes on weekdays after school (day to be determined based on registrations) | |
| | U18 to U21 (Age 13 to 20) | | |
| | <input type="checkbox"/> | Skills program 120 minutes - Sunday morning (time to be determined based on registrations) | |
| | <input type="checkbox"/> | Pratice 60 to 75 minutes on weekdays after school (day to be determined based on registrations) | |
| | <input type="checkbox"/> | Pratice 60 to 75 minutes on weekdays after school (day to be determined based on registrations) | |
| | <input type="checkbox"/> | Evening leagues : unlimited play and unlimited sparing (see sign-up sheets on bulletin boards) Day Leagues : unlimited play and unlimited sparing / must be 18 years and older Mandatory : must choose at least two other choices in this section | |

| 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 : | |
| AFFILIATE MEMBER | <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <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) </div> <div style="border: 1px solid black; padding: 5px;"> <p>Note</p> <p>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.</p> <p>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.</p> </div> |

| FOR ALL MEMBERS OF THE JUNIOR PROGRAM | | | Cost |
|---------------------------------------|--|---|----------|
| Locker | | ✓ | 40,00 \$ |

| | | |
|---|-------------|----|
| **** 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 | \$ |
|---|-------------|----|

| 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"/> I authorize my child or ward to participate in media or promotional activities of the learn-to-curl or development programs.</p> <p><input type="checkbox"/> I do not authorize 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. Wearing a helmet is strongly recommended for all children 12 years of age and under.</p> <p>Signature parent / guardian : _____ Date : _____</p> | | |