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 (√)	
	Cheque
	Cash (at the bar)
	Debit/Credit Card (at the bar)
	Interac e-Transfer

Check (√)	
New member	
Renewal	

Junior Program (age 4 to 20)
Registration Form 2026-2027

(One form per youth member)
PERSONAL INFORMATION

First name of participant	Last name of participant

Date of birth :	Gender (check)
Day ____ ____ Month ____ ____ Year ____ ____ ____ ____	☐ Male ☐ Female ☐ Non-Binary ☐ 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 1st, 2026
To be eligible to participate, payment must be received at the Club by October 1st, 2026

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.

☐ **YES**
☐ **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)

continued overleaf

CHOOSE YOUR MEMBERSHIP - Junior Program ****

INITIATION

LEVEL BEGINNER

Type	Description	√	Cost
A	Single session - 1 session per week (U12)		187,00 $
B	Single session - 1 session per week (U18)		208,00 $
C	2 sessions per week (U12)		286,00 $

U12

☐	Age 4 to 6	60 minutes - Sunday morning (time to be determined based on registrations)
☐	Age 7 to 11	90 minutes - Sunday morning (time to be determined based on registrations)
☐	Age 7 to 11	75 minutes on weekdays after school (day to be determined based on registrations)

U18

☐	Age 12 to 17	120 minutes - Sunday morning (time to be determined based on registrations)

INTEGRATION

LEVEL INTERMEDIATE (must have completed an initiation program)

Type	Description	√	Cost
D	Single session - 1 session per week		234,00 $
E	2 sessions per week		286,00 $

U12 to U15

☐	Age 7 to 14	90 minutes - Sunday morning (time to be determined based on registrations)
☐	Age 7 to 14	60 to 75 minutes on weekdays after school (day to be determined based on registrations)

DEVELOPMENT U-15

LEVEL INTERMEDIATE TO ADVANCED U15 (Age 10 to 14)

Type	Description	√	Cost
F	Single session - 1 session per week (day to be determined)		260,00 $
G	2 sessions per week (day to be determined)		312,00 $
H	3 sessions per week (day to be determined)		350,00 $

Choice

☐	Skills program	90 minutes - Sunday morning (time to be determined based on registrations)
☐	Practice (Day #	60 to 75 minutes on weekdays after school (day to be determined based on registrations)
☐	Pratice (Day #2	60 to 75 minutes on weekdays after school (day to be determined based on registrations)

DEVELOPMENT U-21

LEVEL INTERMEDIATE TO ADVANCED U15 (Age 12 to 20)

Type	Description	√	Cost
I	Single session - 1 session per week (day to be determined)		260,00 $
J	2 sessions per week (day to be determined)		312,00 $
K	Full privileges - 3 sessions + per week		361,00 $

Choice

☐	A- Skills program	120 minutes - Sunday morning (time to be determined based on registrations)
☐	B- Pratice (Day #1)	60 to 75 minutes on weekdays after school (day to be determined based on registrations)
☐	C- Pratice (Day #2)	60 to 75 minutes on weekdays after school (day to be determined based on registrations)
☐	D- Adult League: Eligibility to play in adult leagues is subject to the following conditions: **At least two (2) other choices must be selected from options A, B, or C above**, and the eligibility criteria set forth below must be met.	

Check (✔)the league(s) you're interested in. I want to play : Regularly ___ Occasionally ___ Regularly and occasionally ___

Sunday night (Ascension league) ____ Monday night ____ Tuesday p.m.(ladies league) ____ Tuesday night (Super league) ____ Wednesday night ____ Thursday night ____ (For girls only)

Eligibility of Youth Program Members in Adult Leagues

Provided that the criteria listed below are met, young people who enroll in this program will have the opportunity to play regularly and/or serve as occasional substitutes in adult leagues.

Eligibility Criteria:

1. Be at least 12 years old as of October 1.
2. Be registered in the U21 Development – Intermediate to Advanced Level category of the youth program and participate in the regular activities of that category.
3. Be recommended by youth program officials as possessing the advanced skill level required to compete in adult leagues.
4. Participate in league activities in the same manner as an adult player, that is, accept the rules, operations, and procedures specific to the league in question, as well as the applicable schedules based on one's level of commitment.
5. Young members under the age of 18 must have permission from one of their parents **(signature required as shown here).**
6. Young members under the age of 14 must be accompanied during their games by one of their parents or an adult designated by them.

Parents' Signature

FOR ALL MEMBERS OF THE JUNIOR PROGRAM	√	Cost
Locker		40,00 $

****** To be eligible for the Youth Program rates, you must adhere to the choices you have made.**	**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 ☐ No ☐	
Any other conditions (contact lenses):		
Doctor's Name and Phone Number:		
Dentist's Name and Phone Number:		
Health Insurance Number :		

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.

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

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.

☐ **I authorize** my child or ward to participate in media or promotional activities of the learn-to-curl or development programs.

☐ **I do not authorize** my child or ward to participate in media or promotional activities of the learn-to-curl or development programs.

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**.

Signature parent / guardian : **Date :**