



41 Bond Street West, Box 651
 Fenelon Falls, Ontario K0M 1N0
 705 887-2611 www.curlfenelon.ca

YOUTH CURLING REGISTRATION 2025-26

Name:	First	Last		
Date of Birth:	Month	Day	Year	Years Curled
Gender:	Health Card #			
Medical issues we should be aware of:				
School:	School Phone			
How did you hear about us:				

Phone numbers and e-mail addresses are for FFCC purposes only

PARENTS' NAMES:			
Mailing Address			
City / Postal Code			
Phone	Home:	Cell:	Work:
Email Address			
Alternate Contact	Name:	Phone:	
	Email Address:		

Does the student have clean running shoes and a helmet Yes () No () Shoe Size (if no):
 Do you wish to participate in inter-club Bonspiels Yes () No ()
 Do you wish to participate in competitive curling Yes () No ()
 Media Release Yes () No ()

If you accept the media release you are giving us permission to provide your name and picture to the media in relation to FFCC Youth Curling Events

WAIVER: I am aware that there are risks, dangers and hazards for my child during curling including, but not limited to: injuries from vigorous exertion and strenuous workouts, injuries resulting from slips, falls to the ground, from being struck or colliding with other participants, risks associated with travel to and from the club and additional risks associated with non-competitive activities which are an integral part of competitive events. I also understand that injuries sustained in curling or competition can be severe and even fatal. I agree to have my child participate in the sport of curling and acknowledge the associated risks involved in his/her participation and willingly accept those risks. I assert that I have read, understand and agree to the waiver and agreement above and that I have read and agree with the statements in the DECLARATION OF COMPLIANCE – COVID-19. Full Waiver available on our website: curlfenelon.ca

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

