



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

LEARN TO CURL PROGRAM

Registration Form 2025-26

FIRST NAME:			LAST NAME:	
STREET ADDRESS:			CITY:	
POSTAL CODE:			GENDER:	
TELEPHONE:			EMAIL ADDRESS:	
EMERGENCY CONTACT NAME:			PHONE #:	
HOW DID YOU HEAR ABOUT US?			RELATIONSHIP	
MEMBERSHIP TYPE	BASE FEE	OCA FEE	HST	FEE TOTAL
LEARN TO CURL (SESSIONS SUNDAY AFTERNOON, Oct-Nov)	\$99.12	WAIVED	\$12.88	\$112.00

ONE FREE HALF YEAR LEAGUE IS INCLUDED WITH YOUR LEARN TO CURL, PLEASE INDICATE THE LEAGUE YOU WISH TO PARTICIPATE IN.

MONDAY AFTERNOON LADIES LEAGUE		THURSDAY/TUESDAY MORNING MIXED LEAGUE	
MONDAY EVENING MEN'S LEAGUE		FRIDAY AFTERNOON MIXED LEAGUE	
TUESDAY/THURSDAY MORNING MIXED LEAGUE		FRIDAY EVENING MIXED LEAGUE	
TUESDAY AFTERNOON MIXED DOUBLES		SATURDAY LATE AFTERNOON MIXED LEAGUE	
WEDNESDAY EVENING MIXED DOUBLES		SUNDAY LATE AFTERNOON MIXED LEAGUE	

WAIVER: I am aware that there are risks, dangers and hazards including, but not limited to: injuries from vigorous exertion and strenuous cardiovascular workouts, injuries resulting from slips and falls to the ground, injuries 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 participate in the sport of curling and acknowledge the associated risks involved in my participation and willingly accept those risks. I assert that I have read, understand, and agree to the waiver and agreement above. Full Waiver also to be signed.

SIGNATURE _____ **DATE** _____

