Oliver Curling Club

JUNIOR 2026-2027 REGISTRATION FORM

PERSONAL INFO:

First Name:	Last Name:
Age as of December 31, 2026:	Year of Birth (YYYY/MM/DD):
Address (include street address, city and postal code):	
Email:	Parent Email if different:
Home Phone:	Cell Phone:
Have you curled before: ☐ yes ☐ no	If so, how many years?

EMERGENCY CONTACT:

Emergency Contact Name / Relation:	
Home Phone:	Cell Phone:

CONSENT FORM:

I hereby grant authority to the Oliver Curling Club Society or its representative to take or authorize any action intended to assist the above named curler in any emergency situation:	
Parent /Guardian Place of Work:	Work Phone:
Medical Condition(s) of Note, including Allergies and Medications:	
Family Doctor:	Phone Number:
Curler's BC Medical Services Plan Number:	
Name of Parent or Guardian (print):	Signature:

WAIVERS:

Do you consent for photos of your child being used on the Oliver Curling Club's social media pages for promotional and club related purposes? ☐ yes ☐ no Signature:
Do you give permission to provide Curl BC with the information they request for insurance purposes for your child? ☐ yes ☐ no Signature:

HAVE YOU SIGNED AND INCLUDED YOUR JUNIOR WAIVER 2026/2027?

FEES:

Yearly Junior Curler Fee: $80.00	☐ paid by Cheque made out to Oliver Curling Club	☐ paid by e-transfer to Oliverccctreasurer@gmail.com

REGISTRATION COMMITTEE USE ONLY			
Date Received		Payment Method	
nformation added to Database		Payment Verified By Treasurer	