BOBCAYGEON CURLING CLUB 49 Mansfield Street, Bobcaygeon, Ont. K0M 1A0

August 2015

LITTLE ROCKERS (AGE 6-11) AND JUNIORS (AGE 12-19)

The Youth program is prepared for another year, and gearing up for the continuation of fun and an exciting season of curling. Fees for this program remain at \$60.00 + H.S.T. included.

Curling is on MONDAYS beginning **October 26,2015** and everybody should be ready to go on the ice to start at 6 p.m. sharp, finishing at 7.00 p.m. Little Rockers will be curling at the same time as the Juniors.

Although helmets (bike or hockey) are not mandatory, they are highly recommended, especially for the younger Little Rockers. Children are REQUIRED to wear new running shoes for curling, which MUST be used for curling alone. The Curling Club will supply tape and sliders for these shoes. Also, we ask that children and adult helpers do not wear sweaters that are prone to shedding, as this ensures that the ice surface stays as clean as possible, as well as being important for good and safe curling.

At the end of the curling season, there will be a family curling bonspiel, with the Juniors and their families, details of which will follow in due course.

This year **Doris Horsley** will be supervising these programs, and should you have any questions please feel free to callher at 738-6580.

The attached form should be returned to me no later than **September 30, 2015** with a cheque enclosed, and also the Participants Agreement, duly signed, ONLY if you were not a member last year.

Your help is needed please We are again striving to increase our Youth members this year so if any of your family, friends or neighbors are interested in this fun winter sport perhaps you would ask their parent/guardian to call me.

As tax deductible receipts for all youths joining will be issued, please ensure the name and address of the appropriate person is completed on the Application Form.

Geoff Cross - Membership Co-ordinator 738-6548

BOBCAYGEON CURLING CLUB YOUTH MEMBER APPLICATION FORM 2015-2016

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E-Mail:		Тє	elephone:	Alternat	e:
Member la	st year: Yes	No	New Member	: Yes No	
Age:	Male:	Female:	Date of Birth:	(m)(d)	(year)
YOUTH PR	OGRAM				
Little Rock	ers (Age 6-11	L) Monday 6:	:00p.m. 🔲		
Juniors	(Age 12-1	9) Monday 6	5:00p.m. 🖵 Fe	es enclosed Me	mbership \$60.00
It is recomparent/gua		hildren wea	r helmets. Monit	oring will be left	to the discretion of
		me:		Telephoi	ne
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Bobcaygeon Curling Club

Participants Agreement

All sports including CURLING have risks: The risks and hazards of CURLING can be severe resulting from accidental contact with equipment, other players, or fall on the ice.

Some of the many potential risks, hazards that could result in harm or injury include but are not limited to:

- Slipping and falling while stepping onto the ice from or to the walkway.
- Being struck by a broom, brush or CURLING stone.
- Falling because of slippery ice or uneven or irregular ice surfaces.
- Physical contact with other participants, spectators, or equipment.
- Running or sliding on the ice surface
- Strenuous cardiovascular workouts and demanding physical techniques such as sweeping.
- Exerting and stretching various muscle groups
- Failure to use one's equipment properly or the mechanical failure of one's equipment.

All participants of the BOBCAYGEON CURLING CLUB acknowledge their awareness that;

- 1. The risk of injury is reduced if all rules and safe practices established for participation are adhered too.
- 2. The risk of injury increases as one becomes fatigued or their abilities are impaired for any reason including but not limited to the consumption of Alcohol or Drugs.

By participating voluntarily in these activities, events and programs all participants at the BOBCAYGEON CURLING CLUB agree that there are risks involved in the sport of CURLING as described above and by participating shall voluntarily expose themselves to these risks and hazards. All participants shall agree to accept these risks and assume personal responsibility for any injury, damage or other loss they might receive while participating in these events, activities and programs.

Printed name of Participant:	
Signature of Participant or Parent:	X
Date:	