



ORILLIA CURLING CLUB
 Barnfield Point Recreation Centre, Orillia, Ontario
www.oriliacurlingclub.ca
 705-327-3332

**YOUTH (7-17)
 REGISTRATION FORM
 2019– 2020**

First Name _____		Last Name _____		Year of Birth _____	Gender _____
Street Address _____			City _____	Postal Code _____	
Phone Number _____		School _____		Grade/Year _____	
Email Address _____				Years Curled (or New) _____	
The information you provide is only used by the curling club for the purposes of communicating club information. I consent to also receive promotional email offers from curling club advertisers and sponsors as well: <input type="checkbox"/> YES <input type="checkbox"/> NO					

Have you taken the Parks and Recreation Learn to Curl Program? Yes No

Fee: **\$75.00** check payable to the "Orillia Curling Club"

Please mail in this Registration form and fee before October 1, 2019 to:

Orillia Curling Club
 200 Memorial Ave, Unit #3, Suite 313
 Orillia, ON L3V 5X6

Or
 e-transfer to oriliacurlingpayment@gmail.com

Open to:

First 48 registrants (Ages 7 – 11 use Little Rocks and Ages 12 -17 use regular rocks)

Time:

12:30 pm to 2:30 pm Sundays

Duration:

End of October to end of March (12 weeks of curling)

Equipment:

Brooms provided, but bring your own if you can

Need: sliders, gripper, clean footwear, gloves

Instruction will be provided. Hot chocolate/pop each week and closing date includes trophies, prizes and treats.

I hereby release the Orillia Curling Club from any claim for damages arising from any accident or injury which is caused by or arising from participation of the applicant named above, during any program or in any facility or at any location where a program is being held.

 Parent/Guardian Signature*

Date: _____, 2019

* This registration will not be accepted unless signed by parent or guardian

No Refunds after Youth League play has begun

HST is included in all costs. HST# **BN 869710962 RT0001**

**Concussion Code of Conduct for Participants and
Parents/Guardians for Participants under 18**

I will help prevent concussions by:

- Wearing the proper equipment for my sport and wearing it correctly
- Developing my skills and strength so that I can participate to the best of my ability
- Respecting the rules of my sport or activity
- My commitment to fair play and respect for all other participants
- I will care for my health and safety by taking concussions seriously

I understand that:

- A concussion is a brain injury that can have both short- and long-term effects
- A blow to my head, face or neck, or a blow to the body that causes the brain to move around inside the skull may cause a concussion
- I don't need to lose consciousness to have had a concussion
- I have a commitment to concussion recognition and reporting, including self-reporting of possible concussion and reporting to a designated person when and individual suspects that another individual may have sustained a concussion. (Meaning: If I think I might have a concussion I should stop participating in further training, practice or competition immediately, or tell a club official if I think another participant has a concussion)
- Continuing to participate in further training, practice or competition with a possible concussion increases my risk of more severe, longer lasting symptoms, and increases my risk of other injuries

I will not hide concussion symptoms. I will speak up for myself and others:

- I will not hide my symptoms. I will tell a club official if I experience any symptoms of concussion
- If someone else tells me about concussion symptoms, or I see signs they might have a concussion, I will tell a club official, so they can help
- I understand that if I have a suspected concussion, I will be removed from sport and that I will not be able to return to participation on the ice until I undergo a medical assessment by a medical doctor or nurse practitioner and have been medically cleared to return to active participation on the ice
- I have a commitment to sharing any pertinent information regarding my concussion my school and any other sport organization I have registered with.

I will take the time I need to recover, because it is important for my health.

- I understand my commitment to supporting the return-to-sport process
- I understand I will have to be medically cleared by a medical doctor or nurse practitioner before returning to curling.

By signing here, I acknowledge that I have fully reviewed and commit to this Concussion Code of Conduct.

Participant: _____

Parent/Guardian (of athletes who are under 18 years of age): _____

Date: _____