



## REGISTRATION FORM CURLING TO THE EXTREME SPRING BREAK CAMP 2012

Please print clearly

Name:		
Address:		
City:	Prov:	Postal Code:
Phone (h):	Phone (c):	
Position:	Email:	
Birthdate:	Male/Female:	
Parent/Guardian Name:	Phone:	Email:
League(s):	Day:	Time:
Competitions participated in 2011-2012 season:		
<b>Emergency Contact</b>		
Name:	Phone:	

### **REFUND POLICY**

Full refunds will be issued if Curl Manitoba cancels a program. If a participant withdraws from camp 5 or more working days prior to the camp start date, a full refund less a \$30.00 administration fee will be issued. After this time (4 days or less), and once a program has begun no refunds will be issued only with a valid medical certificate.

Date **March 26 – March 27, 2012**

Location **Wildewood Curling Club 10:00 AM – 4:00 PM**

Please charge my Visa or Master Card

Credit Card # \_\_\_\_\_

Expiry Date \_\_\_\_\_

**Registration fees (\$100.00 + GST \$5.00 = \$105.00) must be paid in full with application.**

**WAIVER, RELEASE, INDEMNITY, ACKNOWLEDGEMENT OF RISK, AND  
CONDITIONS OF ENROLLMENT**

The Participant, or the Undersigned on behalf of him/herself and the Participant (collectively the "Releasor"), hereby release and discharges Curl Manitoba, and their employees, contractors and volunteers from any and all claims and demands that the Releasor, his/her heirs, executors, or assigns now or in the future may have against Curl Manitoba, for or by reason of any damage, loss or injury (including death) in connection with the Participant's involvement in any activity which is the subject of this Application, including where caused by the negligent act or omission of the Curl Manitoba. The Releasor further understands that the Participant will be using facilities for activities which have inherent risk, and assumes the risk of that involvement.

Where the participant is under the age of 18, the Undersigned represents that he/she is a parent or guardian legally responsible for the Participant. The Undersigned agrees to indemnify and save harmless Curl Manitoba from any claims made by the Participant in connection with the Participant's involvement in any activity which is the subject of this Application, including where caused by the negligent act or omission of Curl Manitoba. The Undersigned is responsible for the Participant at all times the Participant is not actively engaged in the activities which is the subject of this Registration Form. The Releasor agrees to provide an emergency contact name and phone number of the Participant and authorizes Curl Manitoba to seek medical assistance for the Participant if the Participant is unable or incompetent to make treatment decisions, and the emergency contact cannot be reached. The Releasor hereby authorizes Curl Manitoba to take photograph/video of the Participant during program activities, and to display and otherwise use these images without charge solely for the purpose of promotional material in connection with Curl Manitoba. REFUSAL TO SIGN WILL RESULT IN ACCESS TO ACTIVITIES BEING DENIED.

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Participant Name

Participant Signature  
(parent or guardian)

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