

**NextGen Program
2017/18 Registration Form**

Team Information (please print) **Please check off: Winnipeg** _____ **OR Morris** _____

Skip: Name: _____

Address: _____ City/Town: _____ Postal Code: _____

Phone (Res): _____ (Cell): _____

E-Mail: _____ Birthdate: _____
Day/Month/Year

Third: Name: _____

Address: _____ City/Town: _____ Postal Code: _____

Phone (Res): _____ (Cell): _____

E-Mail: _____ Birthdate: _____
Day/Month/Year

Second: Name: _____

Address: _____ City/Town: _____ Postal Code: _____

Phone (Res): _____ (Cell): _____

E-Mail: _____ Birthdate: _____
Day/Month/Year

Lead: Name: _____

Address: _____ City/Town: _____ Postal Code: _____

Phone (Res): _____ (Cell): _____

E-Mail: _____ Birthdate: _____
Day/Month/Year

Coach: Name: _____

Address: _____ City/Town: _____ Postal Code: _____

Phone (Res): _____ (Cell): _____

E-Mail: _____

Coaching Certification Level: _____

REFUND POLICY

Full refunds will be issued if CurlManitoba cancels the program. If a team withdraws from the program prior to June 1st, 2017, a full refund less a \$50.00 administration fee will be issued. After June 1st, 2017, no refunds will be issued.

The NextGen Program Team Registration fee is \$1,890 (including GST) OR pay \$472.50 individually.

Please charge my with \$1,890 _____ for the team **OR** \$472.50 _____ for individual payment towards my team registration.

Visa

Mastercard

Card Number: _____ **Expiry Date:** _____

Authorized Credit Card Signature

Please return the completed registration, waiver and emergency contact forms along with payment to:

CurlManitoba
ATTN: Connie Laliberte
145 Pacific Avenue
Winnipeg, Manitoba R3B 2Z6
FAX: 204-925-5720

If you have any questions, please call Connie at (204) 981-7217 or email at claliberte@curlmanitoba.org

**PARTICIPANT 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 CurlManitoba, 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 CurlManitoba, 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 CurlManitoba. 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 CurlManitoba 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 CurlManitoba. 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 CurlManitoba 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 CurlManitoba 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 CurlManitoba. REFUSAL TO SIGN WILL RESULT IN ACCESS TO ACTIVITIES BEING DENIED.

Name: _____ (please print) Date: _____

Signature: _____ Witness: _____

Under 18: _____ (Signature of Parent)

Name: _____ (please print) Date: _____

Signature: _____ Witness: _____

Under 18: _____ (Signature of Parent)

Name: _____ (please print) Date: _____

Signature: _____ Witness: _____

Under 18: _____ (Signature of Parent)

Name: _____ (please print) Date: _____

Signature: _____ Witness: _____

Under 18: _____ (Signature of Parent)

Name: _____ (please print) Date: _____

Signature: _____ Witness: _____

Under 18: _____ (Signature of Parent)

NOTE: All team members and coaches are required to complete and sign the above waiver.

EMERGENCY CONTACT INFORMATION FORM

To be completed by each team member (please print)

NAME OF PARTICIPANT: _____

ADDRESS: _____ Postal Code: _____

BIRTHDATE: month _____ day _____ year _____

PERSON TO CONTACT IN CASE OF EMERGENCY: _____

RELATIONSHIP: _____ PHONE NUMBER: _____

ALTERNATE PERSON: _____ PHONE NUMBER: _____

PROVINCIAL MEDICAL REG#: _____ PERSONAL ID # _____

DOCTOR'S NAME: _____ PHONE # _____

IF SUBJECT TO ANY OF THE FOLLOWING - **PLEASE CHECK (x)**

CRAMPS	<input type="checkbox"/>	ASTHMA	<input type="checkbox"/>	SKIN RASH	<input type="checkbox"/>	FAINING	<input type="checkbox"/>
BRONCHITIS	<input type="checkbox"/>	DIABETES	<input type="checkbox"/>	HEADACHES	<input type="checkbox"/>	HAY FEVER	<input type="checkbox"/>
CONVULSIONS	<input type="checkbox"/>	TOOTHACHES	<input type="checkbox"/>				

ALLERGIES: _____

MEDICATIONS REQUIRED: _____

MEDICAL CONDITIONS: _____

Other information that we need to know about in the event of an emergency:

PARENTAL CONSENT

In the event that an illness or accident should occur and immediate surgical or medical attention is necessary, I, the undersigned, permit the official or deputy in charge to make arrangements for attention to my child/ward without prior approval. I understand that I will be notified by quickest means possible if authority is exercised.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____ WITNESS: _____