

2024-2025 Registration Form



Please fill out & select a membership type.  
(All prices are tax included)

<b>First Name</b>	<b>Last Name</b>
<b>Phone Number</b>	<b>Email</b>

Membership Type	Price (1/2 Year)	Select	Price (Full Year)	Select
<b>Adult League Member</b>	\$250.00	<input type="checkbox"/>	\$375	<input type="checkbox"/>
<b>Senior Membership 65+ (10% Discount)</b>	N/A		\$360.00	<input type="checkbox"/>
<b>New Member or Post Secondary Student</b>	N/A		\$250.00	<input type="checkbox"/>
<b>Daytime Membership (No Evening)</b>	N/A		\$325.00	<input type="checkbox"/>
<b>Junior Membership</b>	N/A		\$100.00	<input type="checkbox"/>

**Payment Method Options**

1. E-transfer to [saccc.curling@bellaliant.com](mailto:saccc.curling@bellaliant.com). Please include in description that it is for Membership Registration.
  2. Debit/Credit Cards. All card payments accepted for payment.
  3. Cash.
  4. Cheque.
- Full year memberships can be paid in either full or split payments. ½ payments by Nov 12<sup>th</sup>, 2024, and remainder paid by December 31<sup>st</sup>, 2024.

League Night Choice: Select the night or nights you wish to curl.

Monday (6:30pm)	Tuesday (7:00pm)	Wednesday (6:30pm)	Thursday Stick League (6:30pm)	Sunday (12:30pm)	Daytime
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby consent to the use of the personal information (Name & Phone #) provided above for publication in the SACCC membership directory/website and/or the SACCC Facebook Membership Group. The information is intended for the sole use of the SACCC members. Survey information will not be shared on any public platform

**Signature:**

**Date:**

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**(Please note that starting this year, anyone curling on multiple nights will be asked to pay an addition \$50 per league.)**

What is your preferred curling position?

Skip	Third	Second	Lead	Spare
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which nights would you be able to spare?

Sundays	Mondays	Tuesdays	Wednesdays	Thursdays (Stick League)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Volunteer Form

The Strait Area Community Curling Club is a volunteer club that relies heavily on volunteers to help maintain the club facilities, communications, events and more. Having more volunteers helps lighten the load for everyone.

Our club also acknowledges hard working volunteers with a volunteer of the year award handed out at our Annual General Meeting. If you would like to be on a volunteer call list for any specific duties, please indicate by checking the box below and we will contact you.

Bar Service	Board Member	Bonspiels	Communications	Events
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Entertainment	Fundraising	Ice Maintenance	Instructing	Junior Curling
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Kitchen	Recruitment	Social Media	Sponsorship	Website
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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### Personal Information Survey:

This is an optional survey. All data collected is confidential and is meant to help the club with membership recruitment

#### Age

19-25	26-35	36-45	46-55	65+
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Curling Experience

New Curler	1 Year	2-4 Years	5-10 Years	10+
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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I, \_\_\_\_\_ (name), HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THE STRAIT AREA COMMUNITY CURLING CLUB, which may include the act of curling, instructing and/or helping with and/or participating in events, set up, clean up, cooking, working the bar, tending to the ice, instructing new members etc., including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained or received instruction for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said

activity. In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, or my child under the age of 18 and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Strait Area Community Curling Club and/or their directors, officers, members, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and property owners.

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that Strait Area Community Curling Club and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

**I understand that while participating in curling, I may be photographed.** I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the Strait Area Community Curling Club Executive, organizers, sponsors, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT.

I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

**Participant's Name or Guardian if under 18**

**Date**

**To complete registration, please sign above & check box that you have read & understood**  