



2023-2024 Registration Form



Personal Information

First Name: _____ Last Name: _____

Primary Phone: _____ Email: _____

Address: _____

Membership Type	Price	Tax	Total	Select	Pay Method:
New Adult Member or post-Secondary Student	\$195.65	\$29.34	\$225	<input type="checkbox"/>	
Adult League Member	\$326.09	\$49.91	\$375	<input type="checkbox"/>	
Senior 65 + (10% off regular) Seniors curling evening leagues & Daytime	\$293.48	\$44.02	\$337.50	<input type="checkbox"/>	
Daytime Member – (No evenings)	\$217.39	\$32.61	\$250	<input type="checkbox"/>	
Junior Youth Member	\$86.95	\$13.05	\$100	<input type="checkbox"/>	
Social – (Bar privilege's)	\$52.17	\$7.83	\$60	<input type="checkbox"/>	
Dual Membership (A couple splits 1 membership. 1 person curls on their scheduled night, the other cannot spare on the same night.)	\$326.09	\$49.91	\$375	<input type="checkbox"/>	
Corporate (Max of 8 members to play as 1 team)	\$1304.35	\$195.65	\$1500	<input type="checkbox"/>	

Payment Method Options (specify above): E-Transfer to sacc.curling@bellaliant.com

Cheques, Cash, Debit, Credit Card at the club. Accepted payment methods can be in full or split.

1/2 payment by Nov 10 remaining & other 1/2 half of payment to be paid by Dec 31, 2023.

Consent and Signature

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 Members Group on Facebook. The information is intended for the sole use of the SACCC members. Survey information will not be shared on any platform.

Signature: _____ Date: _____ Received by: _____



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

Monday Tuesday Wednesday Thursday Stick Only

What is your preferred curling position: _____

We will try our best to accommodate. If not what else would you throw? _____

Someone you wish to try curling with. _____ *(We will try to accommodate)*

Volunteer Form

The SACCC is a volunteer club and relies heavily on volunteers to maintain the club facilities, communications, events, and administration. Having more volunteers always helps lighten the workload. **This coming season we will be implementing team clean shifts.** There will be a posting at the club of light duties each team is asked to perform, on a rotating schedule, so that no one member is doing too much.

If you would like to be on our volunteer call lists for specific duties, please tell us what you would like to help with. When the need arises, we will contact you to arrange times/schedules for that duty if you're able.

I prefer to help with:

<input type="checkbox"/> Bar Service	<input type="checkbox"/> Board Member	<input type="checkbox"/> Bonspiels	<input type="checkbox"/> Communications
<input type="checkbox"/> Events	<input type="checkbox"/> Entertainment	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Ice Assistance
<input type="checkbox"/> Instructing	<input type="checkbox"/> Junior Curling	<input type="checkbox"/> Kitchen Duties	<input type="checkbox"/> Recruitment
<input type="checkbox"/> Social Media	<input type="checkbox"/> Sponsorship	<input type="checkbox"/> Website	<input type="checkbox"/> No Thank You

Special Skills or Training

Do you have a special skill or training that may be an asset to our club? Are you someone with fantastic people skills or enjoy public speaking? Do you work construction, are you a painter, welder, boiler maker, etc? Would you willing to share it with our club in some way? It is optional and would remain confidential.

Please tell us your special skill: _____

Survey: If you wish to participate, please check the box that applies. This is optional. This data is confidential and is meant to help the club see where membership recruitment is lacking.

- Age: 19-27 28-35 36-43 44-50 51-59 60-65 65-70+
- Attending School Single Income Household Multi Income Household Pension
- Curling Experience: occasional 1 Year 2-4 years 5-8 years 8 + years



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Accident Waiver & Release of Liability Form:

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: MMDDYY _____



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