



Registration 2018-2019



Name: _____ Sex: M / F (NSCA Required-Circle one)

Address: _____

Phone: _____ Home / Work Cell Phone: _____ Year of Birth: _____ (NSCA Required)

Email Address: _____ (Required to receive schedules and info)

NOTE: PLEASE COMPLETE THIS REGISTRATION FORM AND BRING IT TO THE CLUB AT OPEN HOUSE & REGISTRATION - Oct 3rd and 9th, 2017, 6:30 p.m. to 8:00 p.m. each evening.

Cost of registration is \$50.00 and must be paid at time of registration. Amount is payable by cash or cheques payable to the "**Berwick Curling Club**".

E-mail Permission

I _____ wish to receive all emails related to news and any other information pertaining to the Berwick Curling Club. I am aware that I can opt out of this service at any time.

Signature _____ Date _____

The Berwick Curling Club is committed to protecting your privacy. The collection of your private information is done so in the strictest of confidence and will only be used for the purpose it is intended for. It will not be redistributed in any form for any other purpose.

The following medical information is being collected as part of the club's Emergency Management planning. It will only be used in the unlikely event of an medical emergency in response to injury or illness, where you are incapable of providing that information for yourself and your emergency contact person can not be reached. This information will held in a secure location, accessible only by authorized club board members in the event of a medical emergency under the circumstances as stated above until such time that you are no longer affiliated with the Berwick Curling Club. This information will then be properly destroyed.

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Emergency Contact Information

Name: _____

Evening phone: _____

Cell phone: _____

Alternate Emergency Contact (if applicable)

Name: _____

Evening phone: _____

Cell phone: _____

Your Date of Birth: _____

Health Card No: _____

Medications: _____

Allergies: _____

Other Conditions (contacts, braces, etc.) : _____

Doctor's name and number: _____

Dentist's name and number: _____