Liverpool Junior Curling Program 2024 – 2025

Curler Information

Name:	Date of Birth:
Mailing Address:	
Parent/Caregiver 1:	Contact # :
Parent/Caregiver 2:	Contact # :
Email Address:	
Ice Cubes gr P. & 1 Sat. 10-11am	\$110 Paid by: CASH CHQ Other
Light Rocks gr. 2 -5 Sat 10-11& 11-12 pm	\$110 CASH CHQ Other
Juniors gr. 6-12 Tue. 3-5pm & Sat. 11am-1pm	\$150 CHQ Other
League Night is optional on Monday 6-7 pm for	those interested in competition preparation
*Please make cheques payable to 'Liverpool Cur or e-transfers to 'liverpoolcurling@gmail.com	
FOR INSURANCE REASONS, ALL FEES MUST E PERMITTED ON THE ICE!	BE <u>PAID IN FULL</u> BEFORE CURLERS ARE
Emergency Contact Information (if differen	ent from or additional to above Parent/Caregiver)
Emergency Contact #1:	Phone:
Emergency Contact #2:	Phone:
Curler's Health Care Number:	Expiry Date:
Physician's Name:	Phone:
Dentist's Name:	Phone:
In case of an emergency, please check the following th	nat you give us permission to carry out:
Administer First Aid	Call 911 EHS (ambulance)
excess of the benefits allowed by the Provincial Health	
✓ The health and well-being of the applicant is invol	
-	or guardian have failed or where due to the nature of the
emergency, there is insufficient time to contact such	
	be given to the health and welfare of the curler, however, cannot be held responsible for an injuries or accidents that
Parent(s)/ Guardian's Signature(s)	DATE

Authorization for Use of Photos/Emails

I/We,			nd that the photographic image of my/our etown may be used to publicly recognize
the Liverpoo	· ·	ments	s and achievements and to promote the
for the purpo		nior Cu	Sonal information of my/our child (ren) Curling Program. This information shall rpose than that stated above.
	give my/our consent to receive email dates, notices events etc.	ls from	m the Liverpool Junior Curling Program
Parent(s)/ Guar	dian's Signature(s)		DATE
	Curling Family S	<u>uppor</u>	ort Request
are asking the for us to keep	at you consider assisting our program	in one	oport of our curlers and their families. We ne or more of the following areas in order ordable and keep the sport of curling alive
Leag	ue Support (Mondays 6-7 pm)		Volunteering for events
Food	Donations for Bonspiels and/or Even	ıts	Canteen Helper during events
On Ice Helper -Board or Ice Walker (Saturda (courses are offered free to parents)		rdays)	Assisting with Fundraising
(cour	ses are offered free to parents)		Other
Monies go to limited to:	o operating the Liverpool Junior Curli	ng Pro	rogram with items that include but are not
(3)	Bonspiel Registration Fees Insurance		Coaching Courses Curling Aides (brooms, sliders etc)

Helmet Policy

Issued By: Liverpool Junior Curling Board

Date Issued: November 21, 2015

1. GENERAL:

This helmet policy is a proactive safety measure to help protect our Members who are learning how to curl and any other members who are unsteady and are at risk of falling during play.

Liverpool Junior Curling believes it is an appropriate time to implement such a policy to help prevent injuries to its Members.

2. DEFINITION

Protective Head Gear for Curlers has been designed and is available for purchase through the Curling Store and can be ordered through the Club. CSA approved ice sport helmets may be worn in lieu of the Curling Head Gear.

The helmet should fit snug to prevent any shifting and maximize protection. Head Gear should fit snuggly. The chin strap should be secured so it gently makes contact under the chin when fastened. For an adjustable helmet, open it to the largest setting and gradually begin to downsize the helmet until a comfortably snug fit is achieved. The helmet should rest on the head so that the rim is one finger width above the eyebrow and making contact with the top of your head.

3. POLICY:

All children in the Liverpool Junior Curling Program up to and including the age of 11 years will wear Curling Head Gear or a CSA hockey helmet or snowboarding helmet.

All children in the Liverpool Junior Curling Program 12 years old and older will wear Curling Head Gear or a CSA approved helmet unless otherwise specified by a parent or legal guardian. The parent or legal guardian must sign a waiver giving his/her child permission to forego wearing a helmet.

4. WAIVER:

I give permission for my child, who is 12 years of age or older, to forego wearing a helmet.

I agree and understand that Liverpool Curling Club and Liverpool Junior Curling Program will not be responsible for any injuries that may result.

I/We have read the above helmet policy and agree with the rules and regulations as set out by the Liverpool Junior Curling Club

Signature of Parent(s)	
Date:	
Curler's Name:	