

**Spruce Grove Curling Club Registration 2020-2021 Season**

**LITTLE ROCKS AND JUNIORS REGISTRATION FORM**

\*Please fill out the entire form as this information is used to complete our records\*

**LATE PAYMENTS WILL INCUR LATE CHARGES - CONTACT CLUB FOR CUTOFF DATES**

Circle the one that applies to your child: **LITTLE ROCKS**

**JUNIORS**

<b>Name of curler:</b> _____	<b>AGE:</b> _____	<b>Sex:</b> M   F
<b>How many years curling:</b> _____	<b>Date of Birth:</b> _____	
Parent: _____	_____	
name	contact number	
Parent: _____	_____	
name	contact number	
Other contact: _____	_____	
name	contact number	

Mailing Address: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

I agree to follow the policies and procedures as outlined by the Spruce Grove Curling Club

**\*EMAIL ADDRESS:** \_\_\_\_\_

Office Use Only	
Payment Date	
Enter \$ Amount	
Payment Type	
Surcharge 5% (credit cards)	
Receipt Given?	

**EXTRA NOTES**  
concerns or allergies

## **INFORMATION ON PRIVACY ACT POLICY:**

- 1.) This club endeavors to only collect personal information that is reasonably required to establish and maintain a specific relationship with the club and the Northern Alberta Curling Association (NACA)
- 2.) This club and NACA will only use the personal information it collects in order to establish and maintain their relationship with this club and NACA, unless we obtain specific permission to use that personal information for other purposes.
- 3.) This club and NACA will endeavor to ensure that the personal information received is as complete and up-to-date as necessary for the purposes for which it is to be used. If there is inaccurate personal information in an individual's file, the individual may update and correct any errors by contacting the Club Manager.
- 4.) Personal information is never sold or shared with outside groups or sponsors.
- 5.) Individuals may access their personal file by submitting a request, either in writing or by email to the Club Manager
- 6.) By completing and submitting this registration form you are giving your consent to the SPRUCE GROVE CURLING CLUB to collect, use and disclose our personal information as needed for the club operation, including listing contact information in the MEMBERS DIRECTORY both printed and online.

Parent(s) Signature \_\_\_\_\_

I agree to follow the policies and procedures as outlined by the Spruce Grove Curling Club

### **CONSENT REVOCATION**

If you do not want your personal information disclosed please initial here: \_\_\_\_\_

## Spruce Grove Curling Club 2020/ 2021 Season - PAYMENT SHEET

One sheet per payment (Can be used for multiple players on multiple nights with ONE PAYMENT)



CURLERS NAME	Nights paying for (Circle all)	1st night	Second night	Fri. FUN League	Junior / New Adult	Junior in Adult League	Registered Alternate	Little Rocks / Juniors	Total Due	DONATION
		\$355	\$225	\$325	\$125	\$175	\$100	\$100		
	Mon Tue Wed Thu Fri LittleRock/Juniors	\$	\$	\$	\$	\$	\$	\$	\$	
	Mon Tue Wed Thu Fri LittleRock/Juniors	\$	\$	\$	\$	\$	\$	\$	\$	
	Mon Tue Wed Thu Fri LittleRock/Juniors	\$	\$	\$	\$	\$	\$	\$	\$	
	Mon Tue Wed Thu Fri LittleRock/Juniors	\$	\$	\$	\$	\$	\$	\$	\$	
	Mon Tue Wed Thu Fri LittleRock/Juniors	\$	\$	\$	\$	\$	\$	\$	\$	
	Mon Tue Wed Thu Fri LittleRock/Juniors	\$	\$	\$	\$	\$	\$	\$	\$	
	Mon Tue Wed Thu Fri Stick LittleRock/Juniors	\$	\$	\$	\$	\$	\$	\$	\$	
	Mon Tue Wed Thu Fri LittleRock/Juniors	\$	\$	\$	\$	\$	\$	\$	\$	
	Mon Tue Wed Thu Fri LittleRock/Juniors	\$	\$	\$	\$	\$	\$	\$	\$	
									\$	

NAME \_\_\_\_\_

DATE \_\_\_\_\_

AMOUNT PAID \_\_\_\_\_  
CHEQUE/CASH/CREDIT/DEBIT

SIGNATURE \_\_\_\_\_

OFFICE USE ONLY:	
Payment date:	
Cash/Cheque Number/Vis	
Surcharge 5%(credit card)	
Receipt Given?	



## DECLARATION OF COMPLIANCE – COVID-19

Individual Name (print): \_\_\_\_\_

Individual's Parent/Guardian \_\_\_\_\_  
(if the individual is younger than 18 years old)

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

**WARNING! ALL INDIVIDUALS ENTERING THE FACILITY AND/OR PARTICIPATING IN SANCTIONED ACTIVITIES MUST COMPLY WITH THIS DECLARATION**

**Curling Canada** [insert name of NSO]

**ACF - Alberta Curling Federation** [insert name of PSO]

Spruce Grove Curling Club

(collectively the "Organization") require the disclosure of exposure or illness is in order to safeguard the health and safety of all participants and limit the further outbreak of COVID-19. This Declaration of Compliance will be kept safely, and personal information will not be disclosed unless as required by law or with your consent.

An individual (or the individual's parent/guardian, if the individual is younger than the age of majority) who is unable to agree to the terms outlined in this document is not permitted to enter the Organization's facilities or participate in the Organization's activities, programs, or services.

I, the undersigned being the individual named above and the individual's parent/guardian (if the individual is younger than the age of majority), hereby acknowledge and agree to the terms outlined in this document:

- 1) The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization and COVID-19 is extremely contagious. The Organization has put in place preventative measures to reduce the spread of COVID-19 and requires all individuals (or their parent/guardian, when applicable) to adhere to the compliance standards described in this document.
- 2) The individual has not been diagnosed with COVID-19; **OR** If the individual was diagnosed with COVID-19, the individual was cleared as noncontagious by provincial or local public health authorities more than 14 days prior to the date this Declaration of Compliance was signed.
- 3) The individual has not been exposed to a person with a confirmed or suspected case of COVID-19; **OR** If the individual was exposed to a person with a confirmed case of COVID-19, the date of exposure was more than 14 days prior to the date this Declaration of Compliance was signed.



- 4) The individual is attending or participating voluntarily and understands the risks associated with COVID-19. The individual (or the individual's parent/guardian, on behalf of the individual (when applicable)) agrees to assume those risks, including but not limited to exposure and being infected.
- 5) The individual has not, nor has anyone in the individual's household, experienced any signs or symptoms of COVID-19 in the last 14 days (including fever, new or worsening cough, fatigue, chills and body aches, respiratory illness, difficulty breathing, nausea, vomiting or diarrhea, pink eye, or loss of taste or smell).
- 6) If the individual experiences, or if anyone in the individual's household experiences, any signs or symptoms of COVID-19 after submitting this Declaration of Compliance, the individual will immediately isolate, notify the Organization, and not attend any of the Organization's facilities, activities, programs or services until at least 14 days have passed since those symptoms were last experienced.
- 7) The individual has not, nor has any member of the individual's household, travelled to, or had a lay-over in any country outside Canada in the past 14 days. If the individual travels, or if anyone in the individual's household travels, outside Canada after submitting this Declaration of Compliance, the individual will not attend any of the Organization's facilities, activities, programs or services until at least 14 days have passed since the date of return.
- 8) The individual is following recommended guidelines, including but not limited to, practicing physical distancing, trying to maintain separation of six feet from others, adhering to recognized hygiene best practices, and otherwise limiting exposure to COVID-19.
- 9) The individual will follow the safety, physical distancing, and hygiene protocols of the Organization.
- 10) This document will remain in effect until the Organization, per the direction of the provincial government and provincial health officials, determines that the acknowledgements in this Declaration of Compliance are no longer required.
- 11) The Organization may remove the individual from the facility or from participation in the activities, programs or services of the Organization at any time and for any reason if the Organization believes, in its sole discretion, that the individual is no longer in compliance with any of the standards described in this document.

Signature: \_\_\_\_\_  
Individual (If the age of majority)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Parent/Guardian (if the individual is younger than age of majority)

Date: \_\_\_\_\_