



RRCL Spares Registration Form 2014 - 2015 Season

Spares must be officially registered to curl in the Rainbow Rockers Curling League
The fee for sparing is \$5 per game on a pay-as-you-play basis

Full Name: Provide complete first and family name

Your Experience

I've played: ____ Year(s)

____ Year(s) as Skip ____ Year(s) as Third ____ Year(s) as Second ____ Year(s) as Lead

*** Advanced spares considered 'A' level will not be permitted to spare in the 'D' division. A list of these spares will be provided to Skips and posted on our website.**

I would prefer to play as:

Skip ☐ Third ☐ Second ☐ Lead ☐

Let us know your interests

I am interested in:

- | | |
|--|--|
| <input type="checkbox"/> Becoming a full-time member | <input type="checkbox"/> Contributing to the league as a sponsor |
| <input type="checkbox"/> Attending a beginners clinic | <input type="checkbox"/> Attending an intermediate skills clinic |
| <input type="checkbox"/> Vounteering/fundraising, etc. | |

Waiver and Privacy Policy:

ASSUMPTION OF RISKS: I am aware that participating in curling activities exposes me to inherent risks, dangers and hazards. I freely accept and fully assume all inherent risks, dangers and hazards and the possibility of personal injury, death, property damage or loss resulting there from. RELEASE OF LIABILITY WAIVER OF CLAIMS & INDEMNITY AGREEMENT:

- I WAIVE ANY AND ALL CLAIMS that I have or may in the future have against the Rainbow Rockers Curling League, and its representatives
- TO RELEASE the Rainbow Rockers Curling League, and its representatives from any and all liability for any loss, damage, injury or expense that I may suffer or that my next of kin may suffer, as a result of my participation in activities offered by the Rainbow Rockers Curling League, due to any cause whatsoever INCLUDING NEGLIGENCE, BREACH OF CONTRACT, BREACH OF STATUTORY DUTY OF CARE, AND/OR BREACH OF THE OCCUPIER'S LIABILITY ACT, R S O 1990, C.O 2 ON THE PART OF the Rainbow Rockers Curling League and representatives.
- TO HOLD HARMLESS AND INDEMNIFY the Rainbow Rockers Curling League and representatives from any and all liability for any property damage or personal injury to any third party, resulting from my activities and my participation in the activities offered by or associated with the Rainbow Rockers Curling League.
- I further state that I am 18 years of age or older and in proper physical condition to participate in this event/activity and am aware that participation could, in some circumstances, result in physical injury.
- I have read and understood this Agreement prior to signing it. I am aware that by signing below, I am waiving certain legal rights which I or any heirs, next of kin, executors, administrators and assigns may have against the Rainbow Rockers Curling League and representatives.

Privacy Policy and Release of Personal Information The Rainbow Rockers does not collect, use or disclose your personal information for any purpose other than administering the curling league and will not disclose or sell any personal information to third parties. Contact information is stored in a secure section of the website that is only accessible to full time members, registered spares, and the manager of the Ottawa Curling Club. Reasonable procedural and technical safeguards are employed to protect your personal information.

Signature _____

Date (yyyy/mm/dd) _____

Please provide your contact information on the second page

Please print clearly. E-mail address and contact phone number(s) will be entered on our website

E-mail:

Phone Number(s):

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____

- Please ensure we have one up to date phone number where you can be contacted.

**We play at the Ottawa Curling Club – 440 O’Connor Street
Sundays 1-3 PM, 3-5 PM & 5-7 PM**

As well as (3) Saturdays 2-4 PM, 4-6 PM & 6-8 PM

Registration forms should be sent to the Membership Coordinator prior to the start of the season in order to be added to the Spares list. Registrations received after the start of the season, will require Executive approval.

Please mail Registration Form to our Membership Coordinator at the following address:

c/o JOHN W
501 – 320 MCLEOD STREET
Ottawa ON K2P 1A3

OPTIONAL PRIVATE CONTACT INFORMATION

Address

Street Address (1): _____

Street Address (2): _____

City: _____

Province: _____

Postal Code: _____

For Office Use Only: Form Received on: _____ by: _____
Date (yyyy/mm/dd)