

Arthur Area Curling Club - Membership Registration Form 2021 - 2022

Family (Last) Name

First Name

OCA Dues

YES NO

YES NO

YES NO

YES NO

Address

Mailing Address: _____

Phone Number: _____

Email Address: _____

2021-2022 Dues

Membership Type		Dues (includes HST)
Adult Membership	Full Dues	\$330.00
	Per Draw	\$120.00
Thursday Night Skips Choice League Only	Full Dues	\$330.00
One Night Only for the year *Excludes Thursday Night		\$285.00
Brand New Curlers Rate	Per Draw (* First Draw Free)	\$90.00
Juniors	Sunday	\$75.00
	Sunday & through the week	\$130.00
DISCOUNT	Legion + Grand Valley	-\$100.00
	Total Dues Owing:	

QR CODE: Emailed for Smartphone _____ or Create Laminated Card _____

Payment Method

- ☐ Cheque paid in full
☐ Cheque post dated
☐ Cash paid in full
☐ e-transfer received
 (arthurcurlingclub@gmail.com)

Payment Information

Sign up and payment must be submitted by December 1st or alate fee of \$10/month after this date will be in effect.

Dues may be paid in full or by three post-dated cheques. **Post-dated cheques must be dated October 15th, November 15th December 15th**

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2021 - 2022**

Refund due to COVID-19

We understand that this is a time of uncertainty. If the club is required to shut down due to the ongoing pandemic on or before January 4th, we will be issuing refunds for a portion of your membership.

Volunteer Duties

The Arthur Area Curling Club is a volunteer organization. In order to keep fees low, all members are asked to help out with the running of the club throughout the season (e.g., bar tending, kitchen duty etc.). Members can sign up for their choice of volunteer duties on the membership board in the club room.

Signed the Informed Consent and Assumption of Risk Agreement (Youth)

☐

Signed the Declaration of Compliance – COVID-19 Agreement

☐

Signed the RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

☐

Privacy Waiver

I hereby agree that I have read and understand the privacy policy and I hereby consent to the collection, use and disclosure of my personal information by the Arthur Area Curling Club in accordance with the privacy policy.

☐ **Yes** ☐ **No**

Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____

Note: This agreement will be on file at the Arthur Area Curling Club office for every participant.

Please note: There will be a separate Checklist where the Ontario Vaccination Receipt Verification proof check will be record by a designated Board of Directors Member – This is to follow proper Confidentiality rules. This proof will need to be shown as you enter the facility for the first time this season.