



## 2020/2021 JUNIOR MEMBERSHIP REGISTRATION

Please Complete **ONE** Registration Form Per Member

P.O. Box 67, 961 King St., Kingston, ON, K7L 4V6

Tel: 613-546-4221 Ext: 317

Fax: 613-546-3058

Email: jdoolan@cataraqui.com

<b>PERSONAL &amp; CONTACT INFORMATION (Please Print)</b>		Member #(when approved)
Curler's Name:		Date of Birth ( / / ) D M Y
Address(for returning members if it has changed):		
Home Phone:	Cell Phone: Parent/Guardian:	Curler:
Parent/Guardian Name #1: _____	<input type="checkbox"/> I would like to volunteer to assist within a section of the Junior Program.	
Parent/Guardian Name #2: _____	<input type="checkbox"/> I would like to volunteer to assist within a section of the Junior Program.	
Email Address: Parent/Guardian:	<b>(all correspondence is sent electronically)</b>	
Curler:		

PLEASE CHECK ALL APPLICABLE BOXES			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beginner	Intermediate	Advanced	Junior Unlimited
			<b>*Must get approval by Junior Curling Coordinator to play in the league through the week</b>

### MEDICAL / ADDITIONAL INFORMATION

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_ Relevant Previous Injuries: \_\_\_\_\_

Does the participant carry his/her medication(s)? Yes\_\_\_\_ No\_\_\_\_

Name of Medication(s): \_\_\_\_\_

Does he/she know how to administer the medication(s)? Yes\_\_\_\_ No\_\_\_\_ N/A\_\_\_\_

Dietary Restrictions (for planning celebrations held throughout the season): \_\_\_\_\_

### MEDICAL APPROVAL

I understand that, in the event that no one can be contacted, the curling program volunteers or club staff will transfer my child to the hospital if deemed necessary. I also understand that under no circumstances is the club or its staff or volunteers, liable or responsible for the treatment of said injured or ill player. I will be held responsible for any ambulance charges. I hereby authorize the physician and nursing staff on duty at any emergency unit to undertake examination, investigation and necessary treatment of my child.

YES\_\_\_\_ NO\_\_\_\_

**HELMET REQUIREMENT**

I understand and acknowledge that curlers under the age of 12 must wear helmets to enter the ice area and while on the ice.

YES \_\_\_\_\_ NO \_\_\_\_\_

**DOUBLE GRIPPER SWEEPING**

I understand and acknowledge that for safety and technical proficiency, the Cataraqi junior curling program prescribes to the double gripper sweeping methodology. All junior curlers must adhere to this protocol.

YES \_\_\_\_\_ NO \_\_\_\_\_

**PARENT INVOLVEMENT**

I understand and acknowledge that a Parent/Guardian must remain at Cataraqi with curler under the age of 12.

YES \_\_\_\_\_ NO \_\_\_\_\_

**APPROVAL OF PHYSICAL POSITIONING**

I understand and acknowledge that from time to time during delivery and sweeping drills, coaches may need to physically position my child to show him/her proper stance in the hack, or make other corrections during the delivery and sweeping processes. I give permission for coaches to physically position my child as required in the above statement.

YES \_\_\_\_\_ NO \_\_\_\_\_

**ZERO TOLERANCE FOR BULLYING & INAPPROPRIATE BEHAVIOR POLICY**

The curling environment is one that should be inclusive and fun for all children. Cataraqi Golf & Country Club has enacted a policy for zero tolerance for bullying and inappropriate behavior to ensure the safety and satisfaction of all our curlers. This policy states that curlers will be removed from curling if they have violated this policy. Also, monetary reimbursement will not be provided for individuals who have been asked to leave. We will not tolerate physical harm of another individual, malicious and offensive teasing, the use of abusive, vulgar and inappropriate language, and stealing of the intentional vandalism of materials and/or property of the club. The President of the Board of Directors and coaches involved will have ultimate authority to determine the consequences of the situation; their decision will be final. We thank you for your cooperation in this matter. I agree with this policy.

YES \_\_\_\_\_ NO \_\_\_\_\_

**PHOTOGRAPHY APPROVAL**

My child's picture and name can be used in the club newsletter, social media, advertising and on bulletin boards around the club.

YES \_\_\_\_\_ NO \_\_\_\_\_

**GREATER KINGSTON CURLING JUNIOR LEAGUE**

Are you interested in participating in the Greater Kingston Curling junior league? This is a recreational league for curlers looking to get more game experience. Curlers must be able to throw a regulation sized rock the full length of the ice and play 6 or 8 end games. Typically 4-6 games during the season plus a championship day. Games typically are from 9-11 am on Saturdays. Games rotate between Cataraqi, Royal Kingston, Garrison, Napanee, and Gananoque. Teams representing Cataraqi will be selected from interested participants.

YES \_\_\_\_\_ NO \_\_\_\_\_

**APPLICATION FOR JUNIOR MEMBERSHIP**

I certify that the information contained in this application and any future information provided to The Cataraqi Golf and Country Club, Limited (the Club) is true, complete and correct. If accepted to membership, I agree, on behalf of all persons concerned with my membership to pay all fees, accounts and assessments at the times prescribed and to accept, abide by and be governed by the By-Laws and Rules and Regulations of the Club. Further, I understand and accept that my membership and all associated fees will be **automatically renewed each 12 months** (based on the billing date of my membership category) unless I inform the Membership Secretary in

writing that I will be resigning or changing my membership status. If I am changing my membership status or resigning my membership I acknowledge and accept that the change in status must follow Club policy in effect at the time of the status change. I agree that a service charge of 2% per month (26.8% per annum) will be charged if this account is not paid within 30 days of the statement date. I agree that any breach by me of any of the foregoing is grounds for termination of my membership and that in such event; I shall not be entitled to any refund of fees or dues paid. I understand and agree that all accounts are due and payable upon receipt of monthly statement and that past due balances of 90 days will be charged to one of VISA or MASTERCARD or the Club will pursue payment through use of a collection agency. I understand and agree that entrance fees and deposits are non-refundable. All fees are subject to change without notice.

YES \_\_\_\_\_ NO \_\_\_\_\_

**AUTHORIZATION TO RELEASE INFORMATION**

I authorize Catarauqui Golf & Country Club to release my name, phone number, email address and/or picture. This can apply to the Club Roster and Handbook, "Member Only" sections of the club website, social media, bulletin board, internal advertising, GAO and OCA.

YES \_\_\_\_\_ NO \_\_\_\_\_

**By signing below, I am registering my child for junior curling, and I/we agree to the above contract.**

Parent/guardian's signature: \_\_\_\_\_

**If you have any questions or concerns regarding your Curling Membership please feel free to contact the Office Staff or our Curling Coordinator at 613 546 4221 EXT. 317**

You must be between the ages of 7-18 years as of December 31, 2020 to qualify for the Junior Curling Program.

\_\_\_\_\_



## Receipt of Review of Concussion Awareness Resource

The Ontario Government has enacted Rowan's Law (Concussion Safety), 2018, S.O. 2018, c. 1 ("Act"). Ontario Regulation 161/19, the Act requires all sport organizations as defined in the Regulation ("Sports Organization"), to have a Concussion Code of Conduct. This Concussion Code of Conduct must require participants, as set out in the Act, to review the Ontario Government's issued Concussion Awareness Resources on an annual basis. A participant is subject to a Concussion Code of Conduct for each Sports Organization a participant registers with.

The applicable age appropriate Concussion Awareness Resources are located at: [www.ontario.ca/concussions](http://www.ontario.ca/concussions). The appropriate Concussion Awareness Resources must be reviewed before you can register/participate, if under the age of 26, or register a minor under the age of 18 as a parent or guardian.

- 10 and Under Concussion Awareness Resource
- 11-14 Concussion Awareness Resource
- 15 and Over Concussion Awareness Resource
  - Under *Rowan's Law*, your sport organization will ask you to confirm that you reviewed one of the Concussion Awareness Resources in this website (<https://www.ontario.ca/page/rowans-law-concussion-safety>) before you can register/participate in a sport. Hard copies of the resource are also available from your Curling Coordinator
  - You must review one of the resources once a year, and then confirm that you have completed the review every time you register with a sport organization. If you want to use this form to show that you have reviewed the concussion awareness resource, you can provide the completed form to your sport organization(s).
  - If you would like to have a record of your review of the concussion awareness resource, you can complete this form and keep it as a receipt to remind you of the date on which you reviewed it.
  - Once you complete this form, you can save it (to your personal device/computer) or print this page to share with your sport organization and/or to serve as a reminder of when to review the Concussion Awareness Resources again next year.



## *Proposed* Cataraqi Curling “Concussion Code of Conduct”

### **I will help prevent concussions by my commitment to:**

- Wearing the proper equipment for my sport and wearing it correctly;
- Respecting the rules of my sport or activity; and
- My commitment to fair play and respect for all\* (respecting other athletes, coaches, team trainers and officials).

### **I will care for my and others health and safety by taking concussions seriously, and I understand that:**

- A concussion is a brain injury that can have both short- and long-term effects;
- A blow to the head, face or neck, or a blow to the body that causes the brain to move around inside the skull may cause a concussion; and
- A person doesn’t need to lose consciousness to have had a concussion.

### **I will commit to:**

- Report any possible concussion received during participation to a designated person;
- Recognizing a concussion or possible concussion and the reporting to a designated person when an individual suspect that another individual may have sustained a concussion;
- Sharing any pertinent information regarding incidents of a removal from sport with the Player’s school and /or other sport organization with which the player has registered;
- Sharing any pertinent information regarding incidents of a concussion that have occurred outside of participation in Cataraqi Curling to a designated person with your/individual’s Team;
- Completing Injury Report Forms in a timely manner and ensuring they are submitted to the Curling Coordinator;
- Providing opportunities before and after each training, practice, competition or play to enable participants to discuss potential issues related to concussions; and
- Maintaining an open dialogue with all athletes and participants (and parents/guardians in cases of minors) about their health and any signs and symptoms of concussion they may experience.

### **I will commit to respect the Cataraqi Curling Removal and Return to Play Protocol by:**

- Understanding that if I have a suspected concussion, I will be removed from sport and that I will not be able to return to training, practice, competition or play until I undergo a medical assessment by a medical doctor or nurse practitioner and have been medically cleared to return to training, practice, competition or play;
- Understanding I will have to be medically cleared by a medical doctor or nurse practitioner before returning to training, practice, competition or play;
- Respecting the roles and responsibilities of all coaches and health care professionals in Return to Play protocol; and
- Responding appropriately with Return to Play protocols if a participant is experiencing concussion related symptoms or if you suspect any participant has sustained a concussion.



Thank you for completing your review of the Concussion Awareness Resource.

In order to register/participate within Catarauqui Curling this signed form must be submitted to the Curling Coordinator:

**Acknowledgement of Review:**

I, \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
*print full name of participant birthdate yyyy/mm/dd*

as participant, coach and/or team official confirm that I have reviewed the appropriate Concussion Awareness Resources and commit to operating within the parameters of the Concussion Code of Conduct under the role which I have registered.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

If the participant above is under the age of the 18, then the parent or legal guardian of that participant must also sign the Acknowledgement set out below:

I, \_\_\_\_\_,  
*Print full name of parent or legal guardian if above signatory is under 18 years of age*

confirm that I have reviewed the appropriate Concussion Awareness Resources and commit that the signatory above and I will operate within the parameters Concussion Code of Conduct under the role which I have registered.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*