



2021-2022 CURLING MEMBERSHIP REGISTRATION
 CATARAQUI GOLF & COUNTRY CLUB
 P.O. Box 67, 961 King St., Kingston, ON, K7L 4V6
 Tel: 613-546-14221 EXT: 317 Fax: 613-546-3058
 Email: jdoolan@cataraqui.com



PERSONAL & CONTACT INFORMATION (Please Print)		<input type="checkbox"/> I would like a locker for the season (\$60)	
Name:	First:	Last:	
Address:	Yes <input type="checkbox"/> Name Tag \$12.00		
Telephone:	Home:	Work:	Ext: Cell:
Email Address:	(all correspondence is sent electronically)		
Last Rated Position:	Years of Experience:		<input type="checkbox"/> Novice
Previous Curling Club:	Introductory Curler: Shoe Size _____		
<input type="checkbox"/> I WILL NOT BE CURLING THIS SEASON AND WISH TO RESIGN MY CURLING MEMBERSHIP.			

REGISTRATION FORM - Please check ALL applicable boxes to signify your intent to participate

SECTION	SUB-SECTION	INTEND TO PLAY:	INTEND TO SPARE:
OPEN LEAGUES This section is available to men and women plus approved juniors.	Monday Night Open League Start time from 5:30 pm to 8:30pm (staggered start) Year round, self-chosen teams	<input type="checkbox"/> I am on an Open Team with: Skip: _____ Vice: _____ Second: _____ Lead: _____ 5th: _____	<input type="checkbox"/> My name would be available for a team if needed. <input type="checkbox"/> I would like to spare in Open League.
	Tuesday Night Doubles League 8:00pm	<input type="checkbox"/> I am on a Doubles Team with: Player 1: _____ Player 2: _____ <input type="checkbox"/> I would like to play on a team.	<input type="checkbox"/> I would like to spare.
	Wednesday Day Time Open Stick League 1:00pm	<input type="checkbox"/> I am on a team with: Player 1: _____ Player 2: _____ <input type="checkbox"/> I would like to play on a team.	<input type="checkbox"/> I would like to spare.
MEN'S DAY TIME FLIGHT	Monday Day Time Curling at 9:30 am & 10:00 am	<input type="checkbox"/> I would like to curl in the first draw. <input type="checkbox"/> I am on an team with: Skip: _____ Vice: _____ Second: _____ Lead: _____ 5th: _____	<input type="checkbox"/> I would like to spare in the first draw.
	Senators' – Thursday's at 9:30am (Age 55 + up)	<input type="checkbox"/> I would like to participate in Senators' curling.	
	One on One Friday Morning staggered Start 9:00 – 11:00 AM	<input type="checkbox"/> I would like to participate.	
MEN'S NIGHT CLUB	Tuesday Men's Night Club Curling Either 5:30 pm or 6:00 pm	<input type="checkbox"/> I would like to curl in the first draw.	<input type="checkbox"/> I would like to spare in the first draw.

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MEN'S NIGHT FLIGHT	<p>Wednesday Night Flight Curling. A series of games played over the season Self-chosen teams. Staggered starts between 5:30 pm to 8:30 pm</p>	<input type="checkbox"/> I am on a Flight Team with Skip: _____ Vice: _____ Second: _____ Lead: _____ 5th: _____	<input type="checkbox"/> My name would be available for a team if needed. <input type="checkbox"/> I would like to spare in flight curling.
MIXED CURLING	<p>Senior Friday 3:00 pm League. *Teams are determined weekly.</p>	<input type="checkbox"/> I would like to participate in Friday afternoon Senior Mixed Curling.	
	<p>Friday Night 2 Components: *Competitive Flight (2 of each gender alternating positions) *Open Mixed Recreational (minimum of 1 of each gender, any positions) Staggered start times from 5:30 pm to 8:30 pm</p>	<p>I am on a Team with: Skip: _____ Vice: _____ Second: _____ Lead: _____ 5th: _____ 6th: _____</p> <input type="checkbox"/> Competitive Flight <input type="checkbox"/> Open Mixed Recreational	<input type="checkbox"/> My name would be available for a team for Friday Night Mixed. <input type="checkbox"/> I would like to spare for Friday Night Mixed.

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SECTION	SUB-SECTION	INTEND TO PLAY:	INTEND TO SPARE:
WOMEN'S DAY TIME	<p>ONE ON ONE Monday Staggered start from 12:45 to 2:00 pm.</p>	<p>Choose the combination of days on which you would like to curl in the first draw. <input type="checkbox"/> Monday – One on One <input type="checkbox"/> Tuesday – Club <input type="checkbox"/> Thursday – Club</p>	<p>I would like to spare on the following days in the first draw. <input type="checkbox"/> Tuesday <input type="checkbox"/> Thursday</p>
	<p>CLUB CURLING Tuesday, Thursday 12:30 pm. & 1:00 pm A series of games with skip-selected teams.</p>		
WOMEN'S EVENING	<p>Wednesday Flight Curling at 9:30 am & 10:00 am.</p>	<input type="checkbox"/> I am on a Flight Team with Skip: _____ Vice: _____ Second: _____ Lead: _____ 5th: _____	<input type="checkbox"/> My name would be available if needed. <input type="checkbox"/> I would like to spare in flight curling.
	<p>Tuesday Night Club Curling at either 5:30 pm Or 6 pm</p>	<input type="checkbox"/> I would like to curl in the first Club Draw.	<input type="checkbox"/> I would like to spare in the first Club Draw.
WOMEN'S EVENING	<p>Thursday Night Flight</p>	<input type="checkbox"/> I am on a Flight Team with Skip: _____ Vice: _____ Second: _____ Lead: _____ 5th: _____	<input type="checkbox"/> My name would be available for a team if needed. <input type="checkbox"/> I would like to spare in flight curling.
	<p>A series of games on year-round self-chosen teams. Either 5:30 or 6:00 pm</p>		
SKILLS DEVELOPMENT PROGRAMS 2nd year	<p>Thursday Night Program begins October 28.</p>	<input type="checkbox"/> I would like to participate in The Learn To Curl Program. <input type="checkbox"/> I would like to participate in Advanced Clinic. (9 Weeks 10/24 to 12/19). * <input type="checkbox"/> I would like to participate in specialized clinics.	<p>Please note* No Charge to Graduates of the previous year's Learn To Curl Program. For others \$99 plus taxes.</p>

For New Members:	How did you hear of Cataraqi?
1) Social Media	<input type="checkbox"/>
2) Street Sign	<input type="checkbox"/>
3) Website	<input type="checkbox"/>
4) Other	<input type="checkbox"/> How? _____



Application for membership

Member # _____ (When approved)

Applicant's Full Name: _____ Date of Birth: _____

Spouse's Full Name: _____ Date of Birth: _____

Children's Full Name(s): _____ Date of Birth: _____

_____ Date of Birth: _____

_____ Date of Birth: _____

Home Address: _____

City: _____ Postal Code: _____ Home Phone: ____ - ____ - ____

Business Name: _____ Occupation: _____

Business Address: _____ Fax: ____ - ____ - ____

City: _____ Postal Code: _____ Business Phone: ____ - ____ - ____

Billing Address: Home Business Email Address: _____

Credit Card: Master Card Visa Card Number: _____

Expiry Date: ____ - ____

Curling Membership Category:

Golfer/Curler Curling w/Golf Practice Facility (S) Curling (NS) Intermediate Curling (30 - 39) (ns)

Intermediate Curling (22-29) (ns) Intro to Curling (first two years of membership) (ns) Spouse One League

Golfer /1st year Curling Junior in Adult League (13-21) (ns) Junior 101 (1-day/week) (21 and under) (ns)

Other Club Affiliations: _____

Certification:

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 Chief Operating Officer 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.

This application cannot be presented to the Club's Board of Directors for consideration unless it is completed in full and initial payment is attached. Terms and conditions subject to change without notice.

If my status is a golf membership category or if in the future I become a golf member I agree to pay my golf fees in twelve monthly installments from October to September.

(Golf and Curling Association dues may be payable in addition to regular Club dues.)

I hereby declare all of the above information to be correct.

Signature of Applicant: _____ Date: _____



Authorization to Release Information

Member's Name: _____ Member # _____

I request and authorize Cataraqi Golf and Country Club to release the following information of the member named below:

Name: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Telephone #: (_____) _____ Business #: (_____) _____

E-mail: _____

This request and authorization applies to:

- The Club Roster & Handbook
- "Member Only" sections of the club website
- Bulletin boards and Internal advertising
- Internal Club communications, media & social media
- GAO and OCA

Release:

By signing below, I hereby allow the Cataraqi Golf and Country Club to publish annually, until at such time whereby my consent is retracted in writing, information including telephone numbers, addresses, and e-mail addresses to other members of the club for their personal use only.

Member's signature: _____ Date: _____

This authorization remains in effect until rescinded in writing.

Important Information for Curlers to Read Below

After your first two years of a Seasonal Curling Membership, you will be required to spend a minimum on Food and Beverage. Beginning in your third year, and thereafter, the Food and Beverage Minimum-Spend applies and is based on the current pricing of \$310 / year

I understand and accept that beginning in my third year of Membership in Curling, I will be responsible for a Food & Beverage Minimum according to the Rules and Policies of the Club.

This minimum is only for Food & Beverage and *does not* go toward taxes, gratuities or purchases from the Pro Shop. If the amount is not spent; the remaining balance will be charged on your bill at the end of the three month period.

Member's signature: _____ Date: _____

For Office Use Only

Date: _____

Entrance Fee: _____

Annual Dues: _____

Share: _____

Deposit (date paid): _____ (_____) _____

Balance Owing: _____

Promissory Note Fully Completed: _____

Minimum Chit Plan # 1 2 3 4 5 6

Locker #: _____ Application Posted: _____

Application Posted: _____

Membership Set Up: _____

Office Notations: _____

A/R Clerk: _____



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. 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.



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