



Junior/Little Rock curling application form

High Park Club 100 Indian Road, Toronto Ontario, M6R 2V4 416-536-8054

Name : (given name/surname) _____

Address : _____

Street : _____

City : _____

Province : _____

Postal Code : _____

Telephone :

Business : () _____

Home : () _____

e-mail : _____

Note : email is used to communicate and help the club keep you informed of coming events or cancellations.

Which section are you looking to join?

Junior Section

Littlerock Section

Age: _____

Birthday/Year: _____

Emergency Contact/Parent Guardian: _____

Emergency Contact Number (if different from above): _____

Additional Information :

Number of years you have curled regularly :

Most recent year curled regularly :

Where did you hear about the club? :

If this application is accepted, I agree to abide by the by-laws, rules, regulations, and other resolutions passed by High Park Club, Limited (the "Club") at all times while I am a member thereof and to pay all annual fees and assessments levied by the Club. I also consent to the Club request and obtaining a consumer report from credit reporting agency, in consideration of being accepted as a member of the club. I hereby release and hold harmless the Club and its agents, directors and officers, servants, employees, and members from any future claims whatsoever that I may have arising out of any personal injury resulting from any cause whatsoever including, but not limited to, the Club, its agents, directors and officers, servants, employees, or members' negligence.

Signature of Parent Guardian : _____

Date : _____
