

Spruce Grove Curling Club Registration 2018 - 2019 Season

LITTLE ROCKS AND JUNIORS REGISTRATION FORM

Please fill out the entire form as this information is used to complete our records

(PAYMENT MUST BE COMPLETE BY OCTOBER 11, 2018 OR LATE CHARGES WILL APPLY)

Circle the one that applies to your child: **LITTLE ROCKS**

JUNIORS

Name of curler: _____ **AGE:** _____ **Sex:** M F
How many years curling: _____ **Date of Birth:** _____

Parent: _____
name contact number

Parent: _____
name contact number

Other contact: _____
name contact number

Mailing Address:

Parent Signature: _____

I agree to follow the policies and procedures as outlined by the Spruce Grove Curling Club

***EMAIL ADDRESS:** _____

Office Use Only	
Payment Date	
Enter \$ Amount	
Payment Type	
Surcharge 5% (credit cards)	
Receipt Given?	

EXTRA NOTES
concerns or allergies

INFORMATION ON PRIVACY ACT POLICY:

- 1.) This club endeavors to only collect personal information that is reasonably required to establish and maintain a specific relationship with the club and the Northern Alberta Curling Association (NACA)
- 2.) This club and NACA will only use the personal information it collects in order to establish and maintain their relationship with this club and NACA, unless we obtain specific permission to use that personal information for other purposes.
- 3.) This club and NACA will endeavor to ensure that the personal information received is as complete and up-to-date as necessary for the purposes for which it is to be used. If there is inaccurate personal information in an individual's file, the individual may update and correct any errors by contacting the Club Manager.
- 4.) Personal information is never sold or shared with outside groups or sponsors.
- 5.) Individuals may access their personal file by submitting a request, either in writing or by email to the Club Manager
- 6.) By completing and submitting this registration form you are giving your consent to the SPRUCE GROVE CURLING CLUB to collect, use and disclose our personal information as needed for the club operation, including listing contact information in the MEMBERS DIRECTORY both printed and online.

Parent(s) Signature _____

I agree to follow the policies and procedures as outlined by the Spruce Grove Curling Club

CONSENT REVOCATION

If you do not want your personal information disclosed please initial here: _____